



SENECA NATION HOUSING AUTHORITY
 50 IROQUOIS DRIVE
 IRVING, NY 14081
 (716) 532-3000

44 SENECA STREET
 SALAMANCA, NY 14779
 (716) 945-1290

DOWN PAYMENT ASSISTANCE (OR) CLOSING COST PROGRAM APPLICATION
Low Income Housing Income Limits as of June 22, 2021

Persons(s)	Income Limit
1	\$44,744
2	\$51,136
3	\$57,528
4	\$63,920
5	\$69,034
6	\$74,147
7	\$79,261
8	\$84,374

Completed application MUST include the following documents:

- Deed
- Tribal ID or Certification for applicant and all members of the household
- Proof of Annual Income (18 yrs. of age & older). Last four (4) pay stubs; four (4) if paid weekly or two (2) if paid by-weekly to determine income eligibility.
- Zero Income Form for any person over 18 not working.
- Medical expense summary (elderly only)

Submit the documents that apply to you:

- Approval Letter from Lender (if you are pre-approved, your lender will provide you with a pre-approval letter on official letterhead)
- Commitment Letter (Agreement between you and your lender stating that your home loan has been approved)
- Sale of Contract or Contract Sale (Agreement or legal contract between seller and buyer)
- Purchase Agreement (Agreement between a buyer and seller and outlines the purchase price)
- Good Faith Earnest Appraisal (Earnest money put down as a good faith deposit put in escrow until report from the home appraisal and inspection is complete)

Please complete the following information and return application no later than **three weeks prior to closing**. Submit to:

Seneca Nation Housing Authority
 50 Iroquois Drive
 Irving, NY 14081

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Number in household: _____ Gross Annual Income: _____

Purchase Price of Property: \$ _____ Closing Date: _____

ADDRESS OF PROPERTY (PHYSICAL ADDRESS OF WHERE HOME IS BEING BUILT): _____

- Real Estate Agent Name (PRINT) _____ SIGNATURE: _____
Date: _____
- Attorney Name (if applicable) (PRINT): _____ SIGNATURE: _____
Date: _____
- Loan Approval Amount: \$ _____ Loan Rate: _____
- Bank Official Signature: _____ Date: _____

Information for SNHA's Commitment Letter (Down Payment Assistance OR Closing Cost Assistance).

Name and address of where check should be made out for payment assistance to be held in escrow:

SIGNATURE of Tribal Member/Applicant: _____ **Date:** _____

SIGNATURE of Co-Applicant (if applicable): _____ **Date:** _____

FOR SNHA OFFICE USE ONLY: Board Approval Date: _____

Mortgage Program Documents needed for final approval (to be submitted by lender):

- Purchase Contract
- HUD Statement
- Appraisal

Approval:

Approval for assistance: _____ **Date:** _____

SNHA Executive Director

Approval for payment: _____ **Date:** _____

SNHA Financial Officer