**Seneca Nation Housing Department**

Cattaraugus Territory
50 Iroquois Drive
Irving, NY  14081
Phone: (716) 532-5000
Fax: (716) 532-3892

Allegany Territory
44 Seneca Street
Salamanca, NY  14779
Phone: (716) 945-1290
Fax: (716) 945-5910

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**HOMEOWNER ASSISTANCE FUND**

**RECERTIFICATION FORM**

Household may reapply/recertify for additional assistance at the end of the three (3) month period if needed and the overall time limit for assistance is not exceeded (see HAF Policy).

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<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>DOB</th>
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<th>SS#</th>
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**INCOME** (LIST ALL PERSONS OVER THE AGE OF 18 WHO ARE EMPLOYED) submit income verification with this form.

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<tr>
<th>NAME</th>
<th>MONTHLY RATE</th>
<th>HOW LONG</th>
<th>PLACE OF EMPLOYMENT</th>
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**OTHER SOURCES OF INCOME**:

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<th>SOURCE, ADDRESS</th>
<th>MONTHLY RATE</th>
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**CURRENT LANDLORD**:

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<th>ADDRESS</th>
<th>CITY / STATE</th>
<th>PHONE</th>
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# Utility Assistance Application

**Utility Company Name:**

**Address:**

**City / State:**

**Phone #:**

**Account #:**

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**Utility Company Name:**

**Address:**

**City / State:**

**Phone #:**

**Account #:**

---

**Utility Company Name:**

**Address:**

**City / State:**

**Phone #:**

**Account #:**

---

**Previous HAF Assistance:**

**Months Awarded:**

**Amount Awarded:**

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**Does Your Household Receive Assistance Other Than HAF?**

**If Yes, Please List:**

**Date(s) of Assistance:**

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**Applicant(s) Acknowledgement:**

I have experienced a reduction in income and/or incurred significant cost (rent and/or utilities), and/or have continued to experience financial hardship due to COVID-19 outbreak.

**Applicant Initials:** __________________________  **Co-Applicant Initials:** __________________________

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**Attestation: Explain How You’ve Continued to Experience Financial Hardship Due to COVID-19 in Detail**

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**Giving True and Complete Information:**

I certify that all the information provided on this application is accurate and complete to the best of my knowledge.

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal law and is grounds for termination of housing assistance.

**Signature:** __________________________  **Date:** __________________________

**Co-Applicant Signature:** __________________________  **Date:** __________________________

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**For Office Use Only**

**Approved/Denied:** __________________________  **Date:** __________________________