

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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Submit verification of income:

8 pay stubs , Payroll Summary, Unemployment, Social Services, Public Assistance, Statement of Zero Income, or Notarized statement of Income. Submit applicable document(s).

If initially, you provided the following, you do not have to resubmit: Income Tax, Disability, Social Security, Insurance payment, Pension Award Letter.

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).

NAME :	
ADDRESS :	CITY / STATE :
PHONE # :	E-MAIL:

FAMILY COMPOSITION:

	NAME	RELATIONSHIP	DOB	SEX	SS#	ENROLLED SENECA	OTHER
1							
2							
3							
4							
5							
6							
7							
8							

INCOME (LIST ALL PERSONS OVER THE AGE OF 18 WHO ARE EMPLOYED) submit income verification with this form.

	NAME	MONTHLY RATE	HOW LONG	PLACE OF EMPLOYMENT
1				
2				
3				
4				

OTHER SOURCES OF INCOME :

	NAME	SOURCE, ADDRESS	MONTHLY RATE
1			
2			
3			
4			

CURRENT LANDLORD :

ADDRESS :	CITY / STATE :
PHONE :	HOW LONG :
E-MAIL:	

UTILITY COMPANY NAME::	
ADDRESS :	CITY / STATE :
PHONE # :	ACCOUNT:

UTILITY COMPANY NAME :	
ADDRESS :	CITY / STATE :
PHONE # :	ACCOUNT # :

UTILITY COMPANY NAME :	
ADDRESS :	CITY / STATE :
PHONE # :	ACCOUNT # :

UTILITY COMPANY NAME :	
ADDRESS :	CITY / STATE :
PHONE # :	ACCOUNT # :

PREVIOUS HAF ASSISTANCE :	
MONTHS AWARDED :	AMOUNT AWARDED :

DOES YOUR HOUSEHOLD RECEIVE ASSISTANCE OTHER THAN HAF ?	
IF YES, PLEASE LIST :	DATE(S) OF ASSISTANCE :

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 : _____

ATTESTATION: EXPLAIN HOW YOU'VE CONTINUED TO EXPERIENCE FINANCIAL HARDSHIP DUE TO COVID-19 IN DETAIL

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 :
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CO-APPLICANT SIGNATURE :	DATE :
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FOR OFFICE USE ONLY

APPROVED/DENIED:	DATE :
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