HOMEOWNER ASSISTANCE FUND
APPLICATION AND POLICY

GUIDELINES TO INCOME LIMITS AS OF JUNE 14, 2022
GREATER OF 150% AREA MEDIAN INCOME (AMI) OR 100% U.S. MEDIAN INCOME
(FY 2022 U.S. MEDIAN FAMILY INCOME = $90,000)

<table>
<thead>
<tr>
<th></th>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
<th>5 Person</th>
<th>6 Person</th>
<th>7 Person</th>
<th>8 Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany County</td>
<td>$90,000</td>
<td>$92,050</td>
<td>$103,550</td>
<td>$115,050</td>
<td>$124,300</td>
<td>$133,500</td>
<td>$142,700</td>
<td>$151,900</td>
</tr>
<tr>
<td>Cattaraugus County</td>
<td>$90,000</td>
<td>$92,050</td>
<td>$103,550</td>
<td>$115,050</td>
<td>$124,300</td>
<td>$133,850</td>
<td>$143,050</td>
<td>$152,300</td>
</tr>
<tr>
<td>Chautauqua County</td>
<td>$90,000</td>
<td>$92,300</td>
<td>$103,850</td>
<td>$115,350</td>
<td>$124,600</td>
<td>$133,850</td>
<td>$143,050</td>
<td>$152,300</td>
</tr>
<tr>
<td>Erie County</td>
<td>$92,100</td>
<td>$105,250</td>
<td>$118,400</td>
<td>$131,550</td>
<td>$142,100</td>
<td>$152,600</td>
<td>$163,150</td>
<td>$173,650</td>
</tr>
<tr>
<td>Niagara County</td>
<td>$92,100</td>
<td>$105,250</td>
<td>$118,400</td>
<td>$131,550</td>
<td>$142,100</td>
<td>$152,600</td>
<td>$163,150</td>
<td>$173,650</td>
</tr>
</tbody>
</table>

Source for all data above: FY 2021 Homeowner Assistance Fund Income Limits Summary. The income limits calculated from the median income published in the HUD Notice are in affect as of June 14, 2022. The United States Median Family Income (MFI) for FY 2021. 150% of the area median income means three times the income limit for very low-income families. If your total annual income exceeds the income limits, the SNHD cannot offer admission to the program. These income limits will remain in effect until suspended.

APPLICATION PROCEDURE:
1. Fill out application and submit all required documents listed on the checklist on the next page. Applications are INCOMPLETE and cannot be submitted if missing the following:
   a) Application b) Verification of Income c) Release forms
2. Applications will not be accepted and date-stamped as received until they are deemed complete.
3. It will then be determined if the application is eligible or ineligible.
   a) Eligible applications are processed.
   b) Ineligible applications are placed in the ineligible file.
4. Applicants are notified of their status within five (5) business days. Notification is in written form.
5. You must redetermine the household income eligibility every three months for the duration of the assistance.
**CHECKLIST**  
Bring in all required documents. Copies will be made.

**APPLICATION:**
- Mortgage Information
- Application must be COMPLETELY filled out with appropriate pages signed and dated Release of Information Agreement
- Drug Free Household Statement
- Documentation of Disability Status (if applicable)
- Current Utility bill(s)

**VERIFICATION OF INCOME:**
- Filed Federal Tax Return from the past year (form 1040 filed with IRS) (OR)
- Eight (8) current pay stubs (OR)
- Payroll Summary
- Disability, Social Security, Social Services, Insurance payment, pension award letters (if applicable)
- Notarized statement of income from other source of income (if applicable)
- Adult household member Certification of Zero Income (if applicable) (SNHA Form)

**IDENTIFICATION:**
(Copies of the following MUST be provided for EVERYONE on the application)
- Photo I.D. (Driver’s license, Tribal Enrollment Card, Passport) for all adults over 18
- Birth Certificate
- Proof of Tribal Enrollment
- Social Security Cards

**EXEMPTION VERIFICATION:**
- Tuition papers or letter from school system verifying fulltime enrollment
- Receipts for childcare expenses if parent(s) work or attend school
- Mileage deduction if travel exceeds 100 miles to and from work per week
- ELDERLY ONLY-receipts for medical expenses including health insurance premiums

*Effective October 1, 1984, HUD regulations for exemptions from income are as follows:*
1. $480.00 per dependent less than 18 years, or full-time student.
2. Childcare expenses (baby-sitting cost).
3. $400.00 per Elderly family (head of household or spouse must be elderly, disabled or handicapped).
4. Medical expenses that exceed 3% of total family income for elderly families

**HEAD OF HOUSEHOLD INFORMATION:**
Name of applicant (HOH): ____________________________________________
Applicant’s Physical Address: _________________________________________
Applicant’s Mailing Address: _________________________________________
Applicant’s Main Phone: _______________  Applicant’s 2nd Phone: ____________
Email: ________________________________

**APPLICANTS FAMILY COMPOSITION:**

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Relationship to Applicant</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Social Security #</th>
<th>Enrolled Seneca?</th>
<th>If NO, which? Native or other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SELF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>M / F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>M / F</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>M / F</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Anticipated changes in family composition:

HOUSEHOLD INCOME:
(List income for ALL persons who will live in dwelling; Including Self Employment)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Employer Name and Address</th>
<th>Monthly Gross Pay</th>
<th>Past 12 mo</th>
<th>Past 2 mo.</th>
<th>Next 3 mo.</th>
<th>Annual Estimated Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER SOURCES OF INCOME:
(SSI, Child Support, Alimony, Unemployment, Disability, Pension, Royalties, etc.)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Source and Address</th>
<th>Monthly Gross Amount</th>
<th>Past 12 mo</th>
<th>Past 2 mo.</th>
<th>Next 3 mo.</th>
<th>Annual Estimated Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HOME/DWELLING INFORMATION:
- How many bedrooms in the home? _____________
- Do you owe money to an Indian Housing Authority? YES or NO
- Are you about to be without housing? YES or NO
  If yes, why and when? ______________________________________________

HOMEOWNER INFORMATION:
Name: _________________________ Phone #: _____________________
Address: ____________________________________________________________
How long have you been a homeowner? _____________
Monthly mortgage amount: ________________ Paid up to: __________________________
Monthly utility costs: ______________________
Name and Address of Utility companies:
  Electric: ___________________________ Last payment made:___________
  Gas: _______________________________ Last payment made:___________
  Water & Sewer: _____________________ Last payment made:___________
Do you have overdue utility payments (arrears) owed? YES or NO
  If so, which months do you owe and how much per month?
  ___________________________________________________________________

Do you have Wi-Fi or Broadband? YES or NO
HOUSING CONDITIONS:

<table>
<thead>
<tr>
<th>Do you have the following at your current residence?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Running Water</strong></td>
</tr>
<tr>
<td><strong>Usable tub or shower</strong></td>
</tr>
<tr>
<td><strong>I the dwelling structure safe</strong></td>
</tr>
<tr>
<td><strong>Safe drinking water</strong></td>
</tr>
<tr>
<td><strong>Safe Electrical service</strong></td>
</tr>
</tbody>
</table>

LEGAL:

- Has any household member ever been convicted of any crime other than traffic violations? **YES** or **NO** If yes, Who: _______ When: _______ Where: _______
- Anything drug and/or substance abuse related?  
- Do you or any household member have any current legal proceedings pending? **YES** or **NO** If yes, please explain: ______________________________________
- Have you ever been awarded any federal contracts: **YES** or **NO**  
  If yes, have you ever been placed on the federal suspension or debarment list? **YES** or **NO**
- Has any household member ever used any names(s) other than the one currently being used? (This would include name from previous marriage or maiden name) **YES** or **NO**  
  If yes, who and what name(s): ____________________________

By signing below, I verify that the information I have provided in the legal section is true and complete to the best of my knowledge.

**SIGNATURE:** ____________________________________  
**DATE:** _______________
**APPLICANT(S) ACKNOWLEDGMENT:**

I am aware that I am to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to supply information may result in denial.

Initials _____ Co-applicant Initials _____

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

Initials _____ Co-applicant Initials _____

I understand that if I do not properly recertify my information every three (3) months, I will be removed from the list.

Initials _____ Co-applicant Initials _____

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

Initials _____ Co-applicant Initials _____

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

Initials _____ Co-applicant Initials _____

I HAVE REVIEWED THE APPLICATION AND CERTIFY THAT THE INFORMATION I PROVIDED HERE IS TRUE AND COMPLETE.

**SIGNATURE:** __________________________________________ DATE: __________

**CO-APPLICANT SIGNATURE:** ____________________________ DATE: __________
DRUG FREE HOUSEHOLD STATEMENT

- I / We, ________________________ and ___________________, do hereby attest that myself and all members of my household do not use illegal drug(s).
- I / We further attest that I and all members of my household are not involved in selling, possession, or use any illegal drug, and that my household is a drug free household.
- I / We further understand that if myself, members of my household, or guest(s) of my household use, sell or are in possession of illegal drug(s), that I am subject to discontinuation of HAF.
- I / We understand that this statement will remain in effect for the entire length of my assistance with the Seneca Nation Housing HAF Program.

APPLICANT SIGNATURE: ___________________________ DATE: __________

CO-APPLICANT SIGNATURE: ________________________ DATE: __________

ALL PERSON(S) 18 AND OVER SHALL AGREE TO AND ADHERE TO THIS STATEMENT BY SIGNING THIS AS WELL:

Name: _____________________ Signature: _____________________ Date: ___
Name: _____________________ Signature: _____________________ Date: ___
Name: _____________________ Signature: _____________________ Date: ___

ATTESTATION

Please explain how you’ve experienced hardship due or during COVID-19:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
I Certify that all statements, documents, and information provided for COVID-19 pandemic impact is correct and complete to the best of my knowledge and that the proper procedures were followed.

Initials _____ Co-applicant Initials _____

Applicant Print Name: ________________________ Date: __________
Applicant Signature: ________________________ Date: __________
Witness: ________________________ Date: __________

Co-Applicant Print Name: ________________________ Date: __________
Applicant Signature: ________________________ Date: __________
Witness: ________________________ Date: __________
RELEASE OF INFORMATION AGREEMENT

DO NOT ALTER THIS DOCUMENT: Failing to sign this form in its original condition could jeopardize your eligibility for the housing program.

Full Name: ________________________________  Maiden: ____________________
Date of Birth: ______________________________ Phone: ____________________
Mailing Address: ________________________________________________________
Social Security #: ________________________
Driver’s License #: _______________________

I hereby authorize confidential information to be released between the agencies listed in this agreement. The information provided will be held in strict confidence.

AGENCY AUTHORIZED TO REQUEST/RECEIVE INFORMATION:

Seneca Nation Housing Department
- 50 Iroquois Drive, Irving, NY  14081
- 44 Seneca Street, Salamanca, NY  14779

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING DEPARTMENT:

<table>
<thead>
<tr>
<th>SNHA</th>
<th>Any Seneca Nation Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Providers</td>
<td>SNI Tribal Clerks Office</td>
</tr>
<tr>
<td>Courts: Tribal and Non-Tribal</td>
<td>Banks &amp; Creditors</td>
</tr>
<tr>
<td>Law Enforcement Agencies</td>
<td>Utility Companies</td>
</tr>
<tr>
<td>Current &amp; Previous Landlords</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>Current &amp; PreviousEmployers</td>
<td>Support &amp; Alimony providers</td>
</tr>
</tbody>
</table>

APPLICANT SIGNATURE: _______________________________ DATE: __________

*A Co-Applicant must also sign a ‘Release of Information Agreement’*
RELEASE OF INFORMATION AGREEMENT

DO NOT ALTER THIS DOCUMENT: Failing to sign this form in its original condition could jeopardize your eligibility for the housing program.

Full Name: ________________________________ Maiden: __________________________
Date of Birth: ______________________________ Phone: _______________________
Mailing Address: ____________________________________________________________
Social Security #: __________________________
Driver’s License #: _________________________

I hereby authorize confidential information to be released between the agencies listed in this agreement. The information provided will be held in strict confidence.

AGENCY AUTHORIZED TO REQUEST/RECEIVE INFORMATION:

Seneca Nation Housing Department
• 50 Iroquois Drive, Irving, NY  14081
• 44 Seneca Street, Salamanca, NY  14779

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING DEPARTMENT:

<table>
<thead>
<tr>
<th>SNHA</th>
<th>Any Seneca Nation Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Providers</td>
<td>SNI Tribal Clerks Office</td>
</tr>
<tr>
<td>Courts: Tribal and Non-Tribal</td>
<td>Banks &amp; Creditors</td>
</tr>
<tr>
<td>Law Enforcement Agencies</td>
<td>Utility Companies</td>
</tr>
<tr>
<td>Current &amp; Previous Landlords</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>Current &amp; Previous Employers</td>
<td>Support &amp; Alimony providers</td>
</tr>
</tbody>
</table>

APPLICANT SIGNATURE: _______________________________ DATE: __________

*A Co-Applicant must also sign a ‘Release of Information Agreement’*