

Seneca Nation Housing Department



Cattaraugus Territory
 50 Iroquois Drive
 Irving, NY 14081
 Phone: (716) 532-5000
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Allegany Territory
 44 Seneca Street
 Salamanca, NY 14779
 Phone: (716) 945-1290
 Fax: (716) 945-5910

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

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:

	Name	Relationship to Applicant	Date of Birth	Sex	Social Security #	Enrolled Seneca?	If NO, which? Native or other
1		SELF		M / F			
2				M / F			
3				M / F			
4				M / F			

5				M / F			
6				M / F			
7				M / F			
8				M / F			

Anticipated changes in family composition:

HOUSEHOLD INCOME:

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

First Name	Employer Name and Address	Monthly Gross	Annual Estimated Income		
		Pay	Past 12 mo	Past 2 mo.	Next 3 mo.

OTHER SOURCES OF INCOME:

(SSI, Child Support, Alimony, Unemployment, Disability, Pension, Royalties, etc.)

First Name	Source and Address	Monthly Gross	Annual Estimated Income		
		Amount	Past 12 mo	Past 2 mo.	Next 3 mo.

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:

Do you have the following at your current residence?							
Running Water	Yes	No	Proper cooking appliances	Yes	No		
Usable tub or shower	Yes	No	Usable toilet	Yes	No		
Is the dwelling structure safe	Yes	No	Safe heating source	Yes	No		
Safe drinking water	Yes	No	Mold-free dwelling	Yes	No		
Safe Electrical service	Yes	No					

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-APPLICANTSIGNATURE: _____ 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:

SNHA	Any Seneca Nation Program
Child Care Providers	SNI Tribal Clerks Office
Courts: Tribal and Non-Tribal	Banks & Creditors
Law Enforcement Agencies	Utility Companies
Current & Previous Landlords	Social Security Administration
Current & Previous Employers	Support & Alimony providers

APPLICANT SIGNATURE: _____ **DATE:** _____

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

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