



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

## **HOMEOWNER ASSISTANCE FUND**

### **APPLICATION AND POLICY**

#### **Guidelines to Income Limits as of June 22, 2021**

<b>Greater of 150% Area Median Income (AMI) or 100% U.S. Median Income</b>								
<b>(FY 2021 U.S. Median Family Income = \$79,900)</b>								
	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
<b>Allegany County</b>	\$79,900	\$83,300	\$93,700	\$104,100	\$112,450	\$120,800	\$129,100	\$137,450
<b>Cattaraugus County</b>	\$79,900	\$83,300	\$93,700	\$104,100	\$112,450	\$120,800	\$129,100	\$137,450
<b>Chautauqua County</b>	\$79,900	\$83,300	\$93,700	\$104,100	\$112,450	\$120,800	\$129,100	\$137,450
<b>Erie County</b>	\$82,850	\$94,700	\$106,550	\$118,350	\$127,850	\$137,300	\$146,800	\$156,250
<b>Niagara County</b>	\$82,850	\$94,700	\$106,550	\$118,350	\$127,850	\$137,300	\$146,800	\$156,250

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, 22, 2021. 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:**

- 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:
  - Application b) Verification of Income c) Release forms
- Applications will not be accepted and date-stamped as received until they are deemed complete.
- It will then be determined if the application is eligible or ineligible.
  - Eligible applications are processed.
  - Ineligible applications are placed in the ineligible file.
- Applicants are notified of their status within five (5) business days. Notification is in written form.
- 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 (Certificate of 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 2<sup>nd</sup> 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 &amp; 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 \_\_\_\_\_

Once I have been approved, my application will remain active for a period of twelve (12) months of assistance (plus an additional three (3) months if necessary to ensure housing stability for the household, subject to the availability of funds).

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

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:

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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'*



<b>RELEASE OF INFORMATION AGREEMENT</b>
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**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 #: \_\_\_\_\_

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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'*



## W-9 FORM:

HAF Applicant's, Please fill out the W-9.

➤ 1-6 (your name address, etc. )

➤ Part I (your SS#)

➤ Part II (your signature & date).

Return it with your application.  
We will keep it in your file.

Thank you

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Print or type.  
See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-				-		
or										
Employer identification number										
				-						

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# *Seneca Nation Housing Department*



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Phone: (716) 945-1290  
Fax: (716) 945-5910

## CATTARAUGUS TERRITORY:

INTAKE: [Seneca.mohawk@sni.org](mailto:Seneca.mohawk@sni.org)

## ALLEGANY TERRITORY:

INTAKE: [Robynn.George@sni.org](mailto:Robynn.George@sni.org)

## BUFFALO AREA RESIDENTS INTAKE:

[Ramona.marion@sni.org](mailto:Ramona.marion@sni.org)  
Seneca Nation Buffalo Office  
533 Amherst St.  
Buffalo, NY 14207  
(716) 845-6304

BUFFALO AREA APPLICANTS:  
MAY FOLLOW UP WITH THE  
CATTARAUGUS TERRITORY  
HOUSING AT (716) 532-5000

**Photocopies, digital photographs, and e-mails may be accepted.**

**SNHD requires all applicants to sign the ATTESTATION within the application.**

**After reviewing the examples, PUT THIS IN WRITING IN THE ATTESTATION portion of your application and/or recertification**

It can be difficult to describe and document financial hardship due to or during the COVID-19 pandemic. Because of this we've used examples to help tenants identify their experiences.

**How has the COVID-19 pandemic (since March 2020) affected your household's income or assets?**

What applies?

- Wages or hours reduced
- Currently am or unemployed
- Qualified for unemployment benefits
- Laid off or pause in work
- Sick and unable to work
- Caring for sick household member
- Loss of child or spousal support
- Caring for children home from school or daycare
- Other: (describe)

**What significant expenses have you had due to the COVID-19 pandemic (since March 2020)**

What applies?

- New or increased healthcare costs
- Remote or at-home work expenses
- Childcare expenses
- Increased food expenses or food delivery expenses
- Penalties, fees, and/or legal costs due to rental or utility arrears
- At home care for a household member ill from COVID-19
- Personal Protective Equipment (PPE) including masks
- Air quality (filters, ventilation) expenses
- Payment made by credit card or payroll loan to avoid homelessness
- Alternative transportation expenses due to COVID-19 transportation limitations
- Increased utility bills due to staying home as a result of COVID-19
- Increased utility or home heating costs in light of pandemic-related cost increases
- Other: (describe)

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## CERTIFICATION OF ZERO INCOME

SENECA NATION HOUSING DEPARTMENT

(To be completed by Adult household members only, if applicable)

Household Name: \_\_\_\_\_ Project/Unit: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, insurance policies, retirements funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public Assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employment resources (Avon, Mary Kay, etc.);
  - j. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for rent and other necessities:  
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

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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).

<b>NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>E-MAIL:</b>

**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 :**

<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE :</b>	<b>HOW LONG :</b>
<b>E-MAIL:</b>	

<b>UTILITY COMPANY NAME::</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT:</b>

<b>UTILITY COMPANY NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT # :</b>

<b>UTILITY COMPANY NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT # :</b>

<b>UTILITY COMPANY NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT # :</b>

<b>PREVIOUS HAF ASSISTANCE :</b>	
<b>MONTHS AWARDED :</b>	<b>AMOUNT AWARDED :</b>
<b>DOES YOUR HOUSEHOLD RECEIVE ASSISTANCE OTHER THAN HAF ?</b>	
<b>IF YES, PLEASE LIST :</b>	<b>DATE(S) OF ASSISTANCE :</b>

<b>APPLICANT(S) ACKNOWLEDGEMENT :</b>	
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.	
<b>Applicant Initials :</b> _____	<b>Co-Applicant Initials :</b> _____

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

<b>GIVING TRUE AND COMPLETE INFORMATION :</b>
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.

<b>SIGNATURE :</b>	<b>DATE :</b>
--------------------	---------------

<b>CO-APPLICANT SIGNATURE :</b>	<b>DATE :</b>
---------------------------------	---------------

<b>FOR OFFICE USE ONLY</b>	
<b>APPROVED/DENIED:</b>	<b>DATE :</b>



# HOMEOWNER ASSISTANCE FUND POLICY

## **POLICY STATEMENT**

The governing body of the Seneca Nation Housing Department (SNHD) recognizes the need to develop a program that provides Homeowner Assistance Funds (HAF) to Homeowner Nation Members whose needs cannot be met through the existing housing programs. This program is created to provide HAF funds to be used to prevent mortgage delinquencies and defaults, foreclosures, loss of utilities or home energy services, and displacement of homeowners experiencing financial hardship after January 21, 2020 to eligible families. Funds from HAF may be used for assistance with mortgage payments, homeowner's insurance, utility payments, and other specified purposes. The SNHD will implement the HAF Program in a manner consistent with the overall mission of the SNHD and the American Rescue Plan Act to provide relief to our most vulnerable homeowners. The HAF Program is established under section 3206 of the American Rescue Plan Act of 2021 (the ARP).

## **A. DEFINITIONS**

1. **150% of the Area Median Income.** For a household means three times the income limit for very-low income families, for relevant household size, as published by HUD in accordance with 42 U.S.C. 1437 a(b)(2).
2. **Adjusted Gross Income.** The term 'adjusted gross income' means the annual income as defined for purposes of reporting under the Internal Revenue Service and that remains after excluding the following amounts:
  - a) YOUTHS, STUDENTS, AND PERSONS WITH DISABILITIES- \$480 for each member of the family residing in the household (other than the head of the household or the spouse of the head of household).
    - I. Who is under 18 years of age; or
    - II. Who is 18 years of age or older and a person with disabilities or a full-time student.
  - b) ELDERLY AND DISABLED FAMILIES- \$400 for an elderly or disabled family.
  - c) MEDICAL AND ATTENDANT EXPENSES- the amount by which 3% of the annual income of the family is exceeded by the aggregate of:
    - I. of the family (including a member who is a person with disabilities) to be employed. Medical expenses, in the case of an elderly or disabled family; and
    - II. Reasonable attendant care and auxiliary apparatus expenses for each family member who is a person with disabilities, to the extent necessary to enable any member
  - d) CHILD CARE EXPENSES- child care expenses for the care of children under the age of 13 to the extent necessary to enable another member of the family to be employed or to further his or her education.
  - e) EARNED INCOME OF MINORS- the amount of any earned income of any member of the family who is less than 18 years of age.
  - f) TRAVEL EXPENSES- excessive travel expenses, not to exceed \$25 per family per week for employment or education related travel.
3. **Annual Income.** The statute provides that grantees determine income eligibility by reference to either (i) household total income for calendar year 2020 or (ii) sufficient confirmation of the household's monthly income at the time of application. The definition of 'annual income' = provided by HUD in 24 CFR 5.609 and using adjusted gross income as defined for purposes of reporting under Internal Revenue Service (IRS) for the household. The applicant's 'annual income' will be determined by estimating the anticipated total income from all sources, e.g., wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household received by the head, spouse, partner, and additional members of the household.
4. **Attestation.** Description of the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member). Events happened as you claim. To affirm to be correct, true or genuine.
5. **Drug Related Criminal Activity.** The term 'drug related criminal activity' means the illegal manufacture, sale, distribution, use, or possession with the intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in CFR Title 24, Subtitle A, Part 5 §5.100) and the SNHA Renter's Drug and Alcohol Policy.
6. **Dwelling.** Means any building, structure, or portion thereof that is occupied as, or designed or intended for occupancy as, a residence by one or more individuals.

7. **Eligible Entity.** Means (1) a State, (2) the Department of Hawaiian Home Lands, (3) each Indian tribe (or, if applicable, the tribally designated housing entity of an Indian Tribe) that was eligible for a grant under Title I of the Native American Housing Assistance and Self-Determination Act receiving a grant allocation under the Native American Housing Block Grants Program formula in fiscal year 2020, (4) Any Indian tribe that opted out of receiving a grant allocation under the Native American Housing Block Grants program formula in fiscal year 2020.
8. **Family.** Family is defined as a family with or without children, an elderly family, a disabled family, and a single person.
9. **Financial Hardship.** Means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner.
10. **Full Time Student.** A person who is enrolled in a certified educational institution, such as a vocational school with a certificate or diploma program or an institution offering a college degree, and is carrying a subject load that is considered full-time for students under the standards and practices of the institution attended.
11. **HAF Participant.** Means an eligible entity that received funds from HAF.
12. **HUD.** The U.S. Department of Housing and Urban Development.
13. **Institution.** Name of the Mortgage Lender.
14. **Low Income Family.** The term 'Low Income Family' means a family whose income does not exceed 80% of the median income for the area, as determined by HUD with adjustments for smaller and larger families.
15. **Mortgage.** Means any credit transaction (1) that is secured by mortgage, deed of trust, or other consensual security interest on a principal residence of a borrower that is (a) a one- to four-unit dwelling, or (b) a residential real property that includes a one- to four-unit dwelling; and (2) the unpaid principal balance of which was, at the time of origination, not more than the conforming loan limit. For purposes of this definition, the conforming loan limit means the applicable limitation governing the maximum original principal obligation of a mortgage secured by a single-family residence, a mortgage secured by a two-family residence, a mortgage secured by a three-family residence, or a mortgage secured by a four-family residence, as determined and adjusted annually under section 302(b)(2) of the Federal National Mortgage Association Charter Act (12 U.S.C. 1717(b)(2)) and Section 305(a)(2) of the Federal Home Loan Mortgage Corporation Act (12 U.S.C. 1454(A)(2)).
16. **Median Income.** The term 'Median Income' means the greater of the median income for the SNHD Native area, which the Secretary shall determine.
17. **Monthly Income.** For determining monthly income, grantees must obtain income source documentation, as listed above, for the two months prior to the submission of the application for assistance. If the applicant qualifies based on the monthly income, the grantee must determine the household income eligibility every three months for the duration of the assistance.
18. **NAHASDA.** The Native American Housing Assistance and Self- Determination Act passed by the U.S congress in 1996.
19. **Native.** Any person recognized as being Native or Alaskan native by a federally recognized government. An enrolled member of a federally recognized tribe.
20. **Federally Recognized Nation.** means any band, nation, or other organized group or community of members/Natives, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native claims settlement act, that is recognized as eligible for the special programs and services provided by the United States to Natives because of their status as natives pursuant to the Indian Self-Determination and Education Assistance Act of 1975.
21. **Payment Assistance.** The factor used to determine the amount of assistance to be paid to the owner on behalf of the participant. A) Annual income of family. B) Monthly income of family.
22. **Socially Disadvantaged Individuals.** Those who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as a member of a group without regard to their individual qualities. The social disadvantage must stem from circumstances beyond their control. There is a rebuttable presumption that the following individuals are socially disadvantaged: Black Americans, Hispanic Americans, Native Americans, and Asian Americans and Pacific Islanders. In addition, an individual may be determined to be a socially disadvantaged individuals in accordance with the procedures set forth at 13 CFS 124.103(c) or (d).

23. **State.** Means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, The United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands.
24. **Territory (Native Area).** The term 'Territory' means the area within which the nation operates affordable housing programs or the service area in which the Tribally Designated Housing Entity (TDHE) is authorized by one of more nations to operate affordable housing programs. \*Service area includes the city of Erie, Pennsylvania. No other state or out of state area is considered within the service area.

**B. GENERAL INFORMATION**

**1. Eligibility.**

- a. Enrolled Seneca's who reside on or off territory within the Seneca Nation Service Area. Priority is Seneca preference.
- b. Enrolled members of a federally recognized Tribe within the Seneca Nation Service Area and is based on funding availability.
- c. Qualifies for unemployment or has experienced a reduction in household income, incurred significant cost, or experienced a financial hardship after January 21, 2020 due to COVID-19 that threaten the household's ability to pay the costs of the mortgage property when due.
- d. Demonstrates a risk or experiencing homelessness or housing instability; and which may include past due mortgage and utility notices.  
Has a household income equal to or less than 150% of the area median income.
- e. Provide HAF funds only to a homeowner with respect to qualified expenses related to the dwelling that is such homeowner's primary residence.
- f. The eligibility for assistance will be for those applicants who have arrears up to the 12 month limit but not before January 21, 2020 if the arrears can be shown to be due to COVID-19. The payment of existing housing-related arrears that could result in foreclosure of an eligible household is prioritized. Assistance must be provided to reduce an eligible household's mortgage arrears before the household may receive assistance for future mortgage payments. Once a household's mortgage arrears are reduced, grantees may only commit to providing future assistance for up to 3 months at a time, meaning households may reapply for additional assistance at the end of a three-month period if needed and the overall time limit for assistance is not exceeded. Grantees may provide assistance for an additional 3 months if necessary to ensure housing stability for a household (for a total of 15 months of assistance).
- g. Applications received from any family or person(s) not meeting the established criteria can be assisted in seeking assistance from other agencies.

- C. DETERMINATION OF INCOME ELIGIBILITY.** HAF participants must have a reasonable basis under the circumstances for determining income for purposes of the requirements described above under "Eligible Homeowners." Two approaches for income verification are permissible; (1) the household may provide a written attestation for income verification are permissible; (1) the household may provide a written attestation as to household income together with supporting documentations such as paystubs, W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer; or (2) the household may provide a written attestation as to household income and the HAF participant may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.

HAF participants may provide waivers or exceptions to this documentation requirement as reasonably necessary to accommodate extenuating circumstances, such as disabilities, practical challenges related to the pandemic, or a lack of technological access by homeowners; in these cases, the HAF participant is still responsible for making the required determination regarding household income and documenting that determination.

- D. INCOME DOCUMENTATION VERIFICATION.** The statute limits eligibility to households with income that does not exceed 150% of area median income as defined by the Department of Housing and Urban Development (HUD).
- E. UTILITIES AND HOME ENERGY COSTS.** Utilities and home energy costs are separately-stated charges related to the occupancy of Homeowner property. Utilities include separately-stated electricity, gas, water and sewer, trash removal and energy costs, such as fuel oil.
- F. UTILITY ARREARS.** SNHA may structure the HAF Program to provide less than full coverage of arrears. SNHA will consider how to best minimize any incentives for the non-payment of utilities by potential beneficiaries of the program

G. **INTERNET.** The Act provides funds for "Internet" Service provided to the homeowner unit. Internet service provided to a residence is related to housing and is in many cases vital service that allows homeowners to engage in distance learning, telework, and telemedicine and obtain government services. This cost must be supported by documentary evidence such as a bill, invoice, or evidence of payment to the provider of service.

H. **OUTREACH.** SNHA will make reasonable efforts to obtain cooperation of the Mortgage Holders of Homeowners and utility providers to accept payments from the HAF Program. Outreach will be considered complete if a request for participation is sent in writing, by certified mail, to the Mortgage Holder or utility provider, and the addressee does not respond to the request within 14 calendar days after mailing, or if SNHD has made at least three attempts by phone or email over a 14 calendar-day period to request the Mortgage Holder or utility provider's participation. All efforts will be documented. The cost of mailing is an eligible administrative cost.

I. **TERM.**

1. If an applicant qualifies based on monthly income, the grantee must redetermine the household income eligibility every three months for the duration of assistance.
2. Applicants may be provided homeowner assistance for as long as they comply with the terms of this program.
3. For determining monthly income, grantees should obtain income source documentation, as listed, for two months prior to the submission of the application for assistance as listed on the HAF application.
4. The HAF program provides assistance to eligible homeowners experiencing financial hardship after January 21, 2020 associated with the coronavirus pandemic.

J. **MORTGAGE**

1. Applicant will provide current proof of mortgage of residence.
2. The SNHD is not a party to the mortgage and assumes no responsibility in its enforcement.

K. **PAYMENTS - EXECUTION OF AGREEMENTS**

1. The SNHD will sign a contract with the Homeowner for the Homeowner Assistance payment amount showing the effective date of payments and the amount of the payment(s) and/or monthly payment.
2. The HAF payment will be made on or before the first day of each month.
3. The participant is not responsible for the approved HAF payment made by the SNHD.
4. Participants will follow the SNHA Rental Drug & Alcohol Policy.

L. **QUALIFIED EXPENSES.** HAF participants may use funding from the HAF only for the following types of qualified expenses that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship;

1. Mortgage payment assistance.
2. Financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default;
3. Mortgage principal reduction, including with respect to a second mortgage provided by a nonprofit or government entity;
4. Facilitating mortgage interest rate reductions;
5. Payment assistance for:
  - a) Homeowner's utilities, including electric, gas, home energy, and water;
  - b) Homeowner's internet service, including broadband internet access service, as defined in 47 CFS 8.1(b) (or any successor regulation);
  - c) Homeowner's insurance, flood insurance, and mortgage insurance;
  - d) Homeowner's association fees or liens, condominium association fees, or common charges; and
  - e) Down payment assistance loans provided by nonprofit or government entities;
6. Payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;
7. Measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home or assistance to enable households to receive clear title to their properties;
8. Counseling or educational efforts by housing counseling agencies approved by HUD, or legal services, targeted to households eligible to be served with funding from the HAF related to foreclosure prevention or displacement, in an aggregate amount up to 5% of the funding from the HAF received by the HAF participant;
9. Reimbursement of funds expended by a state, local government, or entity described in clause (3) or (4) of the definition above of "eligible entity" during the period beginning on January 21, 2020, and ending on the date that the first funds are disbursed by the HAF participant under the HAF, for a qualified expense (other than any qualified expense paid directly or indirectly by another federal funding source, or any qualified expenses described in clauses (6), (7), (8), or (10) of this definition); and

10. Planning community engagement, needs assessment, and administrative expenses related to the HAF participant's disbursement of HAF funds for qualified expenses, in an aggregate amount not to exceed 15% of the funding from the HAF received by the HAF participant.

Funding from the HAF may not be used for any other use other than those provided for in this section. Treasury will make available a form for requesting reimbursements under clause (9) above.

## **M. OBLIGATIONS**

### **1. Participant Obligations**

- A. When the participant's HAF application is approved the participant must sign an agreement to fulfill and abide by the required obligations for participation in the program as shown below. Any breach of the participant obligations is grounds for termination of assistance.
- B. The family must:
  1. Supply the SNHD with any information that the SNHD determines to be necessary.
  2. Supply the SNHD with a completed w-9 form (form included in the application).
  3. Supply the SNHD with your monthly utility bills if these are part of your assistance.
  4. Notify the SNHD in writing at least 30 days prior to moving out of the unit..
  5. The unit must be the family's only residence.
  6. Supply address of the Homeowner unit.
  7. Supply name and address of utility provider.
  8. Supply amount of monthly Mortgage payment.
  9. Supply household income documentation and number of individuals in the household
  10. Supply gender, race, and ethnicity of the primary applicant for assistance.
- C. The family must not:
  1. Commit any serious or repeated violation of the lease.
  2. Commit fraud, bribery or any other corrupt criminal act in connection with the program.
  3. Participate in illegal drug activity or violent criminal activity in accordance with SNHD policies.
  4. Sublease or sublet the unit.
- D. Prior to the execution of the contract for assistance payment by the SNHD to the owner on behalf of the family, the owner must agree to the following obligations in the program and must sign a statement that they are willing to adhere to these obligations before assistance can be approved.

### **2. SNHD Obligations**

- A. SNHD will provide the participant and owner a copy of all applicable policies.
- B. The SNHD is responsible for payment of the HAF amount to the owner each month by the first of each month
- C. The SNHD is responsible for conducting the initial income verification to determine eligibility and conducting re-determination for continued eligibility of participants every three (3) months.
- D. The SNHD is responsible for providing notice to the Homeowner if assistance amounts change or cease.
- E. Family members who are forced to leave as a result of violence will retain the assistance.
- F. Document amount and percentage of monthly mortgage covered by the HAF Program.
- G. Document amount and percentage of separately-stated utility and home energy costs covered by the HAF Program.
- H. Document Address of Homeowner unit.
- I. Document Name, address, social security number, tax identification number or DUNS number, as applicable, for Homeowner and utility provider.
- J. Document total amount of each type of assistance (i.e., mortgage, mortgage arrears, utilities, and home energy costs, utilities and home energy costs arrears) provided to each household.
- K. Document amount of outstanding mortgage arrears for each household.
- L. Document number of months of mortgage payments and number of months of utility or home energy cost payments for which HAF is provided.
- M. Document household income and number of individuals in the household, and gender, race and ethnicity for the primary applicant for assistance.
- N. Document number of applications received in order to be able to report the acceptance rate of applicants for assistance.

### **3. Termination of assistance by the SNHA**

- A. Any violation of participant obligations.
- B. Illegal drug activity (violation of any provisions of SNHA Rental Drug & Alcohol Policy) or violent crime activity.
- C. Failure of participant to sign and submit verification documents.
- D. If the family moves out of the unit.
- E. If the owner fails to maintain unit in accordance with HQS standards.
- F. If available program funding can no longer support continued assistance for the families.