

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

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:

- 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
 - Verification of Income
 - 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
 1. Deed in Trust or Warranty Deed
 2. Closing Documents for outside mortgages
 3. Settlement Statement (Seneca Nation Mortgage Program SNMP)
 4. Commitment Letter (SNMP)
 5. W-9 form from applicant
 6. W-9 form from Owner (Landlord)
 7. SNHD follow up by sending a Rental Assistance Agreement to the Owner/Landlord
- 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 (8 weeks of pay)
- 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 for all adults over 18 (SNHA Form)

IDENTIFICATION:

(Copies of the following **MUST** be provided for **EVERONE** on the application)

- Photo I.D. (Driver's license, Tribal Enrollment Card, Passport) for all adults over 18
- Birth Certificate
- Proof of Tribal Enrollment (Enrollment Certificate of Tribal ID Card)
- 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		
I the dwelling structure safe	Yes	No	Safe heating source	Yes	No		
Safe drinking water	Yes	No	Mold-free dwelling	Yes	No		
Safe Electricial 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: _____
- 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): _____

DRUG FREE HOUSEHOLD STATEMENT

- I / We, do hereby attest that myself and all members of my household do not use illegal drug(s).
Initials _____ Co-applicant Initials _____
- 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.
Initials _____ Co-applicant Initials _____
- 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.
Initials _____ Co-applicant Initials _____
- I / We understand that this statement will remain in effect for the entire length of my assistance with the Seneca Nation Housing HAF Program.
Initials _____ Co-applicant Initials _____

APPLICANT(S) ACKNOWLEDGMENT:

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 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 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 _____

ATTESTATION

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: _____

Signature: _____ Date: _____

Co-Applicant Print Name: _____

Signature: _____ Date: _____

Witness Print Name: _____

Signature: _____ Date: _____

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)

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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APPLICANT SIGNATURE: _____ **DATE:** _____

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

W-9 FORM:

APPLICANT: RETURN COMPLETED FORM WITH YOUR APPLICATION

There are two W-9 Forms attached. **One is for the applicant to fill out** and **one for the Owner (Landlord) to fill out**. Each is to fill in with their own information and return with the application.

DIRECTIONS: Fill out the W-9 with your information in its entirety.

- 1-7
- Part I (SS#)
- Part II (SIGN on the signature line & date it).

OWNER (LANDLORD) RETURN BY CHOSING ANY OF THE FOLLOWING OPTIONS:

1. RETURN COMPLETED FORM TO YOUR TENANT TO HAND IN WITH THEIR APPLICATION.
2. MAIL TO: Seneca Nation Housing Department
Homeowners Assistance Fund Program
50 Iroquois Drive
Irving, NY 14081
3. EMAIL TO: Debra.sue.jimerson@sni.org
4. FAX TO: 716-532-3892

Return at you earliest convenience so we may expedite your payment.

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

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 one 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) ▶ _____ Note: 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 not 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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)	

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									
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Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

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.

Request for Taxpayer Identification Number and Certification

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

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