

SENECA NATION HOUSING AUTHORITY

HOMEBUYER APPLICATION

Guidelines to Income Limits as of July 30, 2020

Person(s)	Income Limit
1	\$44,744
2	\$51,136
3	\$57,528
4	\$63,920
5	\$69,034
6	\$74,147
7	\$79,261
8	\$84,374

For each additional family member over eight (8), add 8% of the four (4) person base to eight (8) person income limit. If your total annual income exceeds the income limits, the Housing Authority cannot offer admission to our program. Please be informed that these income limits are in effect immediately (July 30, 2020) and will remain in effect until superseded.

Income is a requirement!

APPLICATION PROCEDURE: ALL APPLICATIONS MUST BE TURNED IN WITH ALL FOUR DOCUMENTS LISTED UNDER #1 BELOW FOR ALL HOUSEHOLD MEMBERS LISTED ON APPLICATION.

APPLICATIONS WILL ONLY BE ACCEPTED WHEN COMPLETE!

1. **A) INCOME VERIFICATION B) BIRTH CERTIFICATE C) SS CARD D) TRIBAL ID/CERT
E) DEED TO LAND (IF ANY)**
2. The application will then be processed as income eligible or ineligible.
 - a) Eligible applications are placed on a waiting list according to date received COMPLETE.
 - b) Ineligible applications are placed in the ineligible file after 3 months, after that time must reapply with a new application.
3. Applicants are notified of their status within ten (10) business days. Notification is in written form.
4. **After one (1) year, you must update your information with a Household Composition Form and income verification, even if no changes occurred over the last. Should you fail to update after one year, your application becomes inactive and removed from the Wait List.**
5. Should a unit become available, tenant selection will be based on current wait list.

REMINDER:

The Housing Authority usually has a large waiting list for units, so please do not depend on getting a unit immediately. Instead look for other housing as well as filing your application with us. Note to applicants: you can be on both the Cattaraugus and Allegany wait lists, please specify your choice.

In order for application to be accepted the following documents **MUST** be submitted for all members of your household whom you have included on your application.

Checklist	
<i>The following 5 items are required at minimum for HB application to be accepted</i>	
	INCOME (note: SNI Annuity, Disability, or Elders Benefits are not counted as income)
	BIRTH CERTIFICATE
	TRIBAL ID/SNI TRIBAL CERTIFICATION FORM
	SOCIAL SECURITY CARD
	DEED TO LAND (IF ANY)
THE FOLLOWING CAN BE USED FOR VERIFICATION OF INCOME:	
	Four (4) Current Paystubs
	Disability, Social Security, Social Services-cash only, Pension award letters, Retired Veterans Payments, Child Support Verification, any other income received.
	Notarized statement of income from other source of income (if applicable)
	Filed Federal Tax Return from past year
THE FOLLOWING MUST BE SUBMITTED FOR VERIFICATION OF IDENTIFICATION:	
	Photo I.D. (Driver's license, Tribal Enrollment Card, Passport) for all adults over 18
	Birth Certificate
	Proof of Tribal Enrollment for all household members
	Social Security Cards
EXEMPTION VERIFICATION	
	Tuition papers or letter from school system verifying fulltime enrollment
	Childcare expenses , deduction up to \$1300/year
	Mileage deduction if travel exceeds 100 miles to and from work per week, deduction of \$1300/yr.
	ELDERLY ONLY- receipts for medical expenses out of pocket, must be over 3% of your income.

Effective October 1, 1984, HUD regulations for exemptions from income on which rents are computed are as follows:

1. \$480.00 per dependent less than 18 years, or full time student (excludes head or spouse)
Note: Foster Children can be listed on the lease but is excluded from the deduction
2. Childcare and Travel expenses = \$1300 deduction allowed
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.

ALL RENTS, EXCEPT WELFARE RENTS, ARE COMPUTED ACCORDING TO 20% OF ADJUSTED FAMILY INCOME

Specify wait list area: ___ Catt. ___ Alleg. ___ Both

HEAD OF HOUSEHOLD INFORMATION	
Name	
Physical Address	
Mailing Address	
Main Phone #	
2 nd Phone #	

FAMILY COMPOSITION						
(List all persons who will live in dwelling)						
Name	Relationship to applicant	Date of Birth	Sex	Social Security #	Enrolled Seneca?	If NO, which? Native or Other
1	Head of Household		M F		Y N	
2			M F		Y N	
3			M F		Y N	
4			M F		Y N	
5			M F		Y N	
6			M F		Y N	
7			M F		Y N	
8			M F		Y N	
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 Pay	Annual Estimated Income	
			Past 12 mo.	Next 12 mo.

OTHER SOURCES OF INCOME				
(SSI, Child Support, Alimony, Unemployment, Disability, Pension, Royalties, etc.)				
First Name	Source and Address	Monthly Gross Amount	Annual Estimated Income	
			Past 12 mo.	Next 12 mo.

LANDLORD AND RENTAL INFORMATION

Have you ever owned a home or trailer? YES NO

If yes, when? _____ Where is/was the dwelling located? _____

If you currently own one, list your reason(s) for applying for this program: _____

Have you ever lived in Public Housing? YES NO

If YES, when? _____ to _____ Where? _____

Indian housing: If yes when? _____ to _____ Where? _____

Do you owe money to an Indian Housing Authority? YES NO If yes, where? _____

Do you consider yourself homeless? YES NO If yes, what are you current living arrangements: _____

Are you about to be without housing? YES NO

If yes, why and when? _____

Are you or have you ever been evicted in past 5 years? YES NO When? _____

If YES, why? (Check all that apply) Housekeeping unacceptable

Property Damage Unpaid balance Unauthorized person(s) residing in the home

Inappropriate functions on property Other: _____

CURRENT RESIDENCE

LANDLORD INFORMATION:

Name: _____ Phone #: _____

Address: _____

How long have you been a tenant? _____ Monthly rent amount: _____ Monthly utility costs: _____

Name and Address of Utility companies:

Electric: _____

Gas: _____

Water & Sewer: _____

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			

Is your current dwelling overcrowded? YES NO

If yes, how many bedrooms do you have? _____ How many bedrooms do you need? _____

Please list other substandard conditions of your dwelling _____

PREVIOUS RESIDENCE (List information for last 3 years)

Address	Dates (To - From)	LANDLORD	
		Name	Phone #

MILITARY SERVICE

Are you or a household member currently serving? YES NO If yes, who: _____
Are you or a household member a Veteran? YES NO
If a Veteran, were you honorable discharged? YES NO Discharge Date: _____

DISABLED

Do you consider yourself or anyone in the household disabled and or handicapped? YES NO
If YES, why: _____

LEGAL

Have you ever been responsible for a mortgage/loan on a house or mobile home which resulted in Foreclosure or judgment? YES NO If YES, please explain: _____

Has any household member ever been convicted of any crime other than traffic violations?
YES NO If YES, who: _____ When: _____ Where: _____

Conviction: (Check all that apply) Anything drug and/or substance abuse related Arson
Crimes of violence toward person(s)/property Crimes of sexual nature Property Theft
Harboring a fugitive Illegal possession of firearms Identity theft or fraud Prostitution

Do you or any household member have any current legal proceedings pending? YES NO
If YES, please explain: _____

Have you ever been awarded any federal contracts? YES NO
If YES, have you ever been placed on the federal suspension or debarment list? YES NO

Has any household member ever used any name(s) other than the one currently being used?
(This would include name from previous marriage or maiden name) YES 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: _____

Please list your reason(s) for applying for this program: _____

APPLICANT(S) ACKNOWLEDGMENT

Once I have been approved and added to the waiting list, my application will remain active for one year (12 months). I understand that if I do not properly update my information in 1 year, I will be removed from the waiting list.

Initials _____

GIVING TRUE AND COMPLETE INFORMATION

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

_____ 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 _____

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 _____

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal law and is grounds for termination of housing assistance and/or termination of tenancy under the Seneca Nation Housing Authority Program.

_____ Initials _____

I have reviewed the application and certify that the information I provided here is true and complete.

Signature: _____

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 #: _____ State issued with: _____

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 Authority
50 Iroquois Drive
Irving, NY 14081
44 Seneca Street
Salamanca, NY 14779

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING AUTHORITY AND MORTGAGE PROGRAM:

• SNHA	• Any Seneca Nation Program
• SNIEDC	• Current & Previous Employers
• Child Care Providers	• Utility Companies
• Retirement Systems	• Credit providers/ Bureaus
• Courts: Tribal and Non-Tribal	• Social Security Administration
• Law Enforcement Agencies	• Support & Alimony Providers
• Current & Previous Landlords	• Banks & Creditors

Applicant Signature: _____

Date: _____

****If there is a Co-Applicant applying PLEASE request another Release of Information Agreement (if the co-applicant DOES NOT sign the application will be considered incomplete, therefore ineligible for processing).***

DRUG FREE HOUSEHOLD STATEMENT

I/We, _____ and _____, do hereby attest that myself and all members of my household do not use any illegal drug(s).

I/We further attest that I and all members of my household are not involved in selling, possession, or use of 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 immediate eviction.

I/We understand that this statement will remain in effect for the entire length of my tenancy with the Seneca Housing Program.

Signature: _____ Date: _____

Signature: _____ Date: _____

ALL PERSONS 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: _____

Please note: The SNHA “Rental Drug & Alcohol Policy” was passed in February 2017 by SNI Tribal Council, warrants a background check can be conducted on individuals to assure compliance with Section IV. Ineligibility for Admission. Drug Testing can be conducted in/on SNHA Property/rental units/tenants.

Authorization to Release Information

I/We have applied for a mortgage loan from Seneca Nation Mortgage Program (SNMP). As part of the application process, SNMP may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

I/We authorize you to provide SNMP all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.

A copy of this authorization may be accepted as an original.

Your prompt reply to SNMP is appreciated.

Furthermore, I/We grant SNMP permission to release information necessary in assisting me in obtaining other services for which I may be eligible.

This release of information is good for one year from the date signed.

Borrower: _____

Date: _____

Co-Borrower: _____

Date: _____

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Please sign this form in order for a Credit Check to be authorized on Head of Household/applicant applying. The SNI Mortgage program is authorized to conduct check on behalf of SNHA.