

# SENECA NATION HOUSING AUTHORITY

## RENTAL 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 Please be informed that these income limits are in effect immediately (July 30, 2020) and will remain in effect until superseded.

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### 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 be accepted and date-stamped as received until they are deemed complete by the Tenant Manager.
3. It will then be determined if the application is eligible or ineligible.
  - a) Eligible applications are placed on a waiting list & separated according to size unit.
  - 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. Applications are moved to the inactive file after one (1) year of inactivity. **You must update your information annually in order to remain active and on the waiting list.** Updates include change of contact info, family composition, etc.
6. When a unit becomes available, the applicant next on the list will be notified. If interested, the applicant must submit current income verification, family composition and exemption verification. The rent rate will then be computed.

### REMINDER:

Please read and answer every question on the application and sign and date. Bring in all required documents. Copies will be made.

**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. Remember to update your application at least once a year.**

## TO ALL APPLICANTS FOR RENTAL PROGRAM

The following is a list of information that **MUST** be included with your completed rental application. The list pertains to all members of your household whom you have included on your application.

<b>Checklist</b>	
<b><i>The following 5 items are required at minimum for application to be accepted</i></b>	
	Application must be COMPLETELY filled out with <b>appropriate pages signed &amp; dated</b>
	Release of Information Agreement
	Drug Free Household Statement
	Documentation of Disability Status (if applicable)
	Current Utility bill(s)
<b>VERIFICATION OF INCOME</b>	
	Filed Federal Tax Return from the past year
	Four (4) current pay stubs (actual not Payroll Summary)
	Disability, Social Security, Social Services, Insurance payment, pension award letters <i>(if applicable)</i>
	Notarized statement of income from other source of income <i>(if applicable)</i>
	Social Security form, OMB No. 0960-0566 and/or Disability Form <i>(if applicable)</i>
<b>IDENTIFICATION</b> <b>(Copies of the following <u>MUST</u> be provided for <u>EVERYONE</u> on the application)</b>	
	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
<b>EXEMPTION VERIFICATION</b>	
	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 on which rents are computed are as follows:

1. \$480.00 per dependent less than 18 years, or full time student.
2. Childcare expenses (baby-sitting costs)
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, WITH NO CELING RENT AMOUNTS.

## HEAD OF HOUSEHOLD INFORMATION

Name	
Physical Address	
Mailing Address	
Main Phone #	
2 <sup>nd</sup> 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		YES	NO
Usable tub or shower	YES	NO		YES	NO
Is the dwelling structure safe	YES	NO		YES	NO
Safe drinking water	YES	NO		YES	NO
Safe Electrical service	YES	NO		YES	NO
			Proper cooking appliances	YES	NO
			Usable toilet	YES	NO
			Safe heating source	YES	NO
			Mold-free dwelling	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 (12months). 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

<b>Seneca Nation Housing Authority</b>	
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: \_\_\_\_\_