



SENECA NATION HOUSING AUTHORITY
50 IROQUOIS DRIVE **44 SENECA STREET**
IRVING, NY 14081 **SALAMANCA, NY 14779**
(716) 532-5000 **(716) 945-1290**

SNHA MOLD REMEDIATION APPLICATION AND GUIDELINES

The Seneca Nation Housing Authority wishes to provide financial assistance for mold remediation to any enrolled Seneca family who meet the following guidelines:

1. No money is owed to the Seneca Nation Housing Authority.
2. Provide proof of enrollment in the Seneca Nation for the applicant/head of household.
3. Provide proof of custody of child/children, if applicable (Previous year's tax returns are acceptable).
4. Must be at or below the low-income guidelines, using HUD's 80% Median Income (*Income limits effective until further notice).

| 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 |

5. Deductions (if applicable)
 - a. Family income may be reduced if you travel more than 100 miles per week for work. The maximum deduction is \$1,300.00 per household.
 - b. Provide proof of student enrollment status (college, high school) part-time or full-time. This is a potential deduction on household income.
 - c. Child care expenses, not to exceed \$1,200.000 per child.
6. The applicant must provide the most recent utility bill as a proof of residence. The bill must be in the applicants name at the address for which they are applying for assistance.
7. This is a one-time assistance program only. Therefore, once you receive assistance, you and your household are not eligible for further assistance.
8. The applicant/head of household must sign a release of information which allows the SNHA staff to verify any and all eligibility information. Declining to sign a release is an automatic denial of assistance.

HEAD OF HOUSEHOLD INFORMATION

| | | | |
|-------------------------|--|-------------------|--|
| Name | | | |
| Co-Applicant | | | |
| Mailing Address | | | |
| Physical Address | | | |
| Home phone | | Cell Phone | |

FAMILY COMPOSITION

(List all persons who will live in the household)

| | Name | Date of Birth | Enrolled Tribe |
|---|------|---------------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |

HOUSEHOLD INCOME

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

| Name | Employer Name and Address | Annual Gross Pay |
|------|---------------------------|------------------|
| | | |
| | | |
| | | |

DEDUCTIONS

Do you pay for childcare that may count as a deduction of your gross annual income?

Yes No If yes, how much per week? _____

Do you or anyone in your family drive more than 100 miles per week to work?

Yes No If yes, who? _____

If you are an elder (60 yrs. +) living in the household: Do you pay any medical expenses?

Yes No If yes, how much per month? _____

ACKNOWLEDGEMENT:

INITIAL TO INDICATE YOU UNDERSTAND AND WILL COMPLY

- _____ I understand that this is a one-time only assistance program per household.
- _____ I understand my home will be subject to inspections as scheduled by SNHA to determine the maintenance and upkeep of my home.
- _____ I understand that I am responsible for maintaining the upkeep of remediated area.
- _____ I understand the maximum remediation limit is \$30,000.
- _____ I understand that maintenance prevention of mold in my home is my responsibility whether I am approved or denied.
- _____ I acknowledge that all the information on this application is true and accurate.

I understand that if any information on this application found to be false or missing will result in a denial of services. I may also be responsible for repayment of funding back to the Seneca Nation Housing Authority for any amount received under this agreement.

Print Name: _____ Signature: _____ Date: _____

| Checklist | |
|--|--|
| | Driver ID |
| | Tribal ID |
| | Birth Certificates |
| | Social Security Card |
| | Last tax return if needed for custody |
| <u>ALL</u> household members 18+ yrs <u>NEED:</u> | |
| | Proof of Income (4 paystubs, SSI, retirement, Statement of Income) |
| | Zero Income Statement signed by individual with no income to report |
| | Utility Bill in applicant's name |
| | Proof of Childcare (billing statement) |
| | Statement signed by household member, if they drive more than 100 miles/wk to work |
| | Proof of medical bills, if elder pays any medical care out of pocket |
| | School schedule of college student |
| | Release of Information signed and dated |

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: _____
 Address: _____ Date of Birth: _____
 _____ Phone #: _____

 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 | |
|---|---|
| <p>Seneca Nation Housing Authority 50 Iroquois Drive Irving, NY 14081</p> <p style="margin-left: 200px;">44 Seneca St Salamanca, NY 14779</p> | |
| AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING AUTHORITY: | |
| <ul style="list-style-type: none"> • SNHA • SNIEDC • Child Care Providers • Retirement Systems • Courts: Tribal and Non-Tribal • Law Enforcement Agencies • Current & Previous Landlords | <ul style="list-style-type: none"> • Any Seneca Nation Program • Current & Previous Employers • Utility Companies • Credit providers/ Bureaus • Social Security Administration • Support & Alimony Providers • 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).**