# SENECA NATION HOUSING AUTHORITY
# RENTAL APPLICATION

## *Oak Tree & 44 Seneca Apartments ONLY*

Guidelines to Income Limits as of July 30, 2020

| Person(s) | Income Limit |
|---|---|
| 1 | $44,744 |
| 2 | $51,136 |

*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 Please be informed that these income limits are in effect immediately (July 30, 2020) and will remain in effect until superseded.*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 d) Statement of Health
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.
   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, 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 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.

# APPLICANTS FOR OAK TREE & 44 SENECA 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.

| CHECKLIST | |
|---|---|
| ***The following 5 items are required at minimum for application to be accepted*** | |
| | Application must be COMPLETELY filled out with **appropriate pages signed & dated** |
| | Release of Information Agreement |
| | Drug Free Household Statement |
| | Documentation of Disability Status (if applicable) |
| | Health Authorization Form AND completed Statement of Health Form from physician |
| **VERIFICATION OF INCOME** | |
| | 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 *(if applicable)* |
| | Notarized statement of income from other source of income *(if applicable)* |
| | Social Security form, OMB No. 0960-0566 and/or Disability Form *(if applicable)* |
| **IDENTIFICATION**<br>**(Copies of the following <u>MUST</u> be provided for <u>EVERYONE</u> 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** | |
| | 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 #** | | **2nd 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 | | ☐Yes ☐No | |
| 2 | | | | ☐M ☐F | | ☐Yes ☐No | |
| 3 | | | | ☐M ☐F | | ☐Yes ☐No | |
| 4 | | | | ☐M ☐F | | ☐Yes ☐No | |
| 5 | | | | ☐M ☐F | | ☐Yes ☐No | |
| 6 | | | | ☐M ☐F | | ☐Yes ☐No | |
| 7 | | | | ☐M ☐F | | ☐Yes ☐No | |
| 8 | | | | ☐M ☐F | | ☐Yes ☐No | |

**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 (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: _____

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 AUTHROIZED 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: _____

SENECA NATION HOUSING AUTHORITY
50 IROQUOIS DRIVE
IRVING, NY 14081
(716) 532-5000

44 SENECA STREET
SALAMANCA, NY 14779
(716) 945-1290

## *All Oak Tree & 44 Seneca applicants must be capable of living independently*

As such, the following Health Authorization Form must be completed and given to your provider along with the attached Statement of Health Form.

# HEALTH AUTHORIZATION FORM

**APPLICANT INFORMATION:**

Name: _____ Social Sec #: _____

Address: _____

Phone: _____ Date of Birth: _____

I hereby request Dr. _____

with a practice at address: _____

and a phone # of: _____

to complete a Seneca Nation Housing Authority **Statement of Health Form** (attached) based upon information contained in my medical file, for the purpose of verifying my capability for independent living.

Applicant Signature: _____ Date: _____

**NOTE: Both the Authorization Form and Statement of Health Form must be handed in with your application.**

# STATEMENT OF HEALTH FORM

Applicant Information:

Name: _____ Date: _____

Address: _____ Date of Birth: _____

***To be completed by Physician***

Please type or print legibly:

1. Diagnoses of medical condition or illness: _____

   _____

2. Prognosis: _____

   _____

3. Has the patient ever been confined to an institution or hospital for this illness or similar illness?

   YES NO If yes, please list institution/hospital name and dates of confinement: ____

   _____

   _____

4. During the active phase of this illness, has the patient ever been violent or dangerous to himself or others? YES NO If yes, please specify: _____

   _____

   _____

5. Is the patient physically disabled? YES NO
6. Do they meet the qualifications for disability benefits? YES NO If yes, why? _____

   _____

7. Please give a brief, specific summary of the symptoms of this patient's illness during the active phase: _____

   _____

8. Specific actions to be taken in an emergency: _____

   _____

9. Please list medications: (name and dosage) _____

   _____

   _____

10.

| Impairments | None | Partial | Total |
|---|---|---|---|
| Sight | | | |
| Touch | | | |
| Hearing | | | |
| Speech | | | |
| Other _____ | | | |

11. Evaluation of Patients capabilities based on medical condition:

| TASK | Independent | Needs some help | Needs total help | Contraindication |
|---|---|---|---|---|
| Cooking | | | | |
| Cleaning | | | | |
| Laundry | | | | |
| Shopping | | | | |
| Feeding Self | | | | |
| Toileting | | | | |
| Bathing | | | | |
| Dressing | | | | |
| Transferring | | | | |
| Ambulation | | | | |
| Other_____ | | | | |

12. Does the patient require a special diet? YES NO If yes, please explain: _____

_____

13. Is the patient incontinent?

Urine: Never Seldom Often Catheter Other _____

Stool: Never Seldom Often Catheter Other _____

14. Does the patent require special equipment or prosthetic devices? YES NO

If yes, please specify: _____

15. Can the patient function independently in their home? YES NO

16. Are there any restraints on activities? YES NO

If yes, please describe: _____

17. Does the patient require nursing services in the home? YES NO

If yes, please specify:_____

18. Does the patient require other health services in home? YES NO

If yes, please specify:_____

Use this area to express any other problems/concerns or comments regarding the applicant and their ability to live independently: _____

_____

_____

**I certify that the above information is correct and to the best of my knowledge.**

Physician Name (Printed): _____ Phone #: _____

Address: _____

Physician Signature: _____ Date: _____