



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

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

SNHA RENTAL ASSISTANCE APPLICATION AND POLICY

Low Income Housing Income Limits as of July 30, 2020

PERSON(S)	INCOME LIMIT
1	\$43,960
2	\$50,240
3	\$56,520
4	\$62,800
5	\$67,824
6	\$72,848
7	\$77,872
8	\$82,896

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 and will remain in effect until suspended.

Income is a requirement!

This program is created to provide rental assistance to eligible Seneca families 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 years tax returns are acceptable).
4. Must be at or below the low-income guidelines, using HUD's 80% Median Income.
5. 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.
6. This is a one-time assistance program only. Therefore, once you receive assistance, you and your household are not eligible for further assistance.
7. 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.

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

FAMILY COMPOSITION						
Name	Relationship to applicant	Date of Birth	Sex M/F	Social Security #	Enrolled Seneca? Y/N	If NO, Which? Native or Other
1	Head of Household					
2						
3						
4						
5						
6						
7						
8						

HOUSEHOLD INCOME			
First Name	Employer Name & Address	Monthly Gross Pay	Annual Estimated Income
		Past 12 mo.	Next 12 mo.

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 assistance is for one year only.
- _____ I understand the subsidy is not to exceed \$300.00.
- _____ I understand eligibility will be for those applicants on the SNHA waiting list.
- _____ 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

ALL household members NEED:

- _____ Driver ID
- _____ Tribal ID
- _____ Birth Certificates
- _____ Social Security Card
- _____ Last tax return if needed for custody

ALL household members 18yrs + NEED:

- _____ Proof of Income (4 paystubs, SSI, retirement, statement of income)
- _____ Zero Income statement signed by individual with no income to report
- _____ Utility bill in applicants name
- _____ Proof of Childcare (billing statement)
- _____ Statement signed by household member, if they drive more than 100 miles per week 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 #: _____ Drivers License #: _____
Issuing State: _____

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	&	Seneca Nation Mortgage Program
50 Iroquois Dr. 44 Seneca St.		90 Ohio Way, P.O. Box 231
Irving, NY 14081 Salamanca, NY 14779		Salamanca, NY 14779

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING AUTHORITY

Applicant Signature: _____ Date: _____