



**Cattaraugus Territory**  
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## SENECA NATION HOUSING UPDATE FORM

	Annual Re-examination		Rental Application Update
	Household Composition Change		Homebuyers Application Update
	Income Change		Other

HEAD OF HOUSEHOLD INFORMATION							
Name						Move In Date:	
Physical Address						Re-Exam Date:	
Mailing Address						# of Bedrooms:	
Main Phone #						Unit #:	
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		<b>Head of Household</b>		M		Y   N	
2				M		Y   N	
3				M		Y   N	
4				M		Y   N	
5				M		Y   N	
6				M		Y   N	
7				M		Y   N	
8				M		Y   N	
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.		
<b>Signature: _____ Date: _____</b>							