

Seneca Nation Training & Employment Resource Center  
Application for Program Assistance

Cattaraugus Territory  
23 Thomas Indian School Drive  
Irving, NY 14081  
716-532-1033



Allegany Territory  
3674 Administration Drive  
Salamanca, NY 14779  
716-945-8120

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**Required Documentation for Program Assistance**

- Proof of Age** - At least one document must be a Photo I.D
- Proof of Residency** - Documented Address must match the Physical Address on application. If a PO Box is listed, you must provide proof of a physical address. For ex.: Current Mail, Landlord Statement, Rent Receipt or Lease, Shelter Verification Form, Report Card
- Nation Enrollment Card** - Enrollment in any Federally Recognized Nation, *First Descendant of a Seneca Father* must provide Applicant's Birth Certificate showing the Father's name and Enrollment Card of Father
- Household Income Verification** - all household members 18 y.o. and older must provide income source. For ex.: Four (4) Paystubs, Zero Income/Low Income Form (must be notarized); Unemployment Benefits; Cash Assistance/SNAP Benefits Award Letter
- Education** - a High School Diploma/HSED, current High School or College Transcripts, School Schedule, Registration, current School Photo I.D., etc.
- Working Card** – for Youth Employment Services program  
(14 – 15 y.o. – **blue card**, 16 – 17 y.o. **green card**)
- Selective Service** - All **Male** U.S. citizens, ages 18-25, are required to register with Selective Service

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The information gathered in this application is solely for the purpose of assisting the Training and Employment Resource Center in determining eligibility and vocational planning. All information will be kept confidential and will only be used as necessary for the purposes described above. **The Training and Employment Resource Center is not liable for funding applicants prior to eligibility.**

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**Section 1: Applicant Information**

DATE: \_\_\_\_\_

Full Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Have you lived on territory/in the Service Area for at least 30 Days?      Yes      No

Email: \_\_\_\_\_ Gender:      Male      Female

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (Youth 14-24)

Do you have a valid driver's license? Yes      No      State issued: \_\_\_\_\_

Emergency Contact Name : \_\_\_\_\_

Emergency Contact Phone : \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Are you a veteran in United States Military?**      Yes      No

**If Yes**, what branch? \_\_\_\_\_ Discharge date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Have you received services from Employment and Training in the past?      Yes      No

**If Yes**, most recent date: \_\_\_\_\_ **If Yes**, what services? \_\_\_\_\_

Are you currently receiving services from SNI Higher Education?      Yes      No

**Section 2: Eligibility Information**

Are you an enrolled member of a federally recognized Nation?      Yes      No

**If Yes**, Nation Name: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

**If No**, are you the child of an Enrolled Seneca Father?      Yes      No

**Applicant Status: Check all that apply:**

Single

Married

Divorced

Widowed

Dependent (youth)

Teen Parent

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**Household Members: This includes ALL people living in the house**

Total # in Household: \_\_\_\_\_ # of people 18 y.o. and older: \_\_\_\_\_

# of people under 18 y.o.: \_\_\_\_\_ 0-3 y.o.: \_\_\_\_\_ 4-6 y.o.: \_\_\_\_\_ 7-17 y.o.: \_\_\_\_\_

**Employment Status**

Are you currently employed? Yes No Date of Hire: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Hours/Weekly: \_\_\_\_\_

If Yes, have you received a pending lay-off notice? Yes No

If No, Last Date of Employment: \_\_\_\_\_

Do you receive Unemployment? Yes No If so, how many weeks have you collected? \_\_\_\_\_

Do you receive Cash Assistance and/or SNAP Benefits? Yes No

**Education Status - Check current status only:**

Currently Enrolled in High School-

Current Grade: \_\_\_\_\_

High School Graduate/HSED -

Graduation Year: \_\_\_\_\_

Not Enrolled in High School-

Highest grade completed: \_\_\_\_\_

Enrolled in HSED - Adult Education \_\_\_\_\_

Post High School (College) \_\_\_\_\_

**Selective Service:** All **Male** U.S citizens, regardless of where they live, and male immigrants, whether documented or undocumented, residing in the United States, who are 18-25, are required to register with Selective Service. Men born before March 29,1957 through December 31,1959, were not required to register with the Selective Service System because the registration program was suspended when they would have reached age 18. The requirement to register with Selective Service was reinstated in 1980, but only for men born after January 1,1960 or later. Registration can be complete at: [www.sss.gov](http://www.sss.gov)

Are you registered with Selective Service? Yes No N/A

**IMPORTANT INFORMATION FOR ALL APPLICANTS:**

I understand my application will be reviewed for my eligibility. I understand that if I am found eligible I will be contacted by the Training and Employment Resource Center. I certify the information provided is true to the best of my knowledge. I understand this information may be confirmed, and false statements may make me ineligible for services now or in the future.

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_