



**SENECA NATION HOUSING AUTHORITY**  
 50 IROQUOIS DRIVE  
 IRVING, NY 14081  
 (716) 832-5000

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

## **HOMEOWNER ASSISTANCE FUND**

### APPLICATION AND POLICY

#### Guidelines to Income Limits as of July 30, 2020

<u>Person(s)</u>	<u>150% of Area Median Income</u>
1	\$82,950.
2	\$94,200.
3	\$105,975
4	\$117,750.
5	\$127,170.
6	\$136,590.
7	\$146,010.
8	\$155,430.

The income limits calculated from the median income published in the HUD Notice are in affect as of July 30, 2020. The United States Median Family Income (MFI) for FY 2020 is \$78,500. Therefore, the adjusted income limit for family size and 80/100 percent = \$62,800/\$78,500. 150% of the area median income means three times the income limit for very low-income families. If your total annual income exceeds the income limits, the SNHD cannot offer admission to the program. These income limits will remain in effect until suspended.

### **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
2. Applications will not be accepted and date-stamped as received until they are deemed complete.
3. It will then be determined if the application is eligible or ineligible.
  - a) Eligible applications are processed.
  - 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. You must redetermine the household income eligibility **every three months** for the duration of the assistance.

**REMINDER:**

Please read and answer every question on the application and sign and date. Bring in all required documents. Copies will be made.

**CHECKLIST:**

- o Rental Agreement (**OR**)
- o Lease Agreement

CHECKLIST Continued:

- o Application must be COMPLETELY filled out with appropriate pages signed and dated
- o Release of Information Agreement
- o Drug Free Household Statement
- o Documentation of Disability Status (if applicable)
- o Current Utility bill(s)

**VERIFICATION OF INCOME:**

- o Filed Federal Tax Return from the past year (form 1040 filed with IRS) (**OR**)
- o Eight (8) current pay stubs (**OR**)
- o Payroll Summary

VERIFICATION Continued:

- o Disability, Social Security, Social Services, Insurance payment, pension award letters (if applicable)
- o Notarized statement of income from other source of income (if applicable)
- o Adult household member Certification of Zero Income (if applicable) (SNHA Form)

**IDENTIFICATION:**

(Copies of the following MUST be provided for EVERYONE on the application)

- o Photo I.D. (Driver's license, Tribal Enrollment Card, Passport) for all adults over 18
- o Birth Certificate
- o Proof of Tribal Enrollment (Certificate of Enrollment)
- o Social Security Cards

**EXEMPTION VERIFICATION:**

- o Tuition papers or letter from school system verifying fulltime enrollment
- o Receipts for childcare expenses if parent(s) work or attend school
- o Mileage deduction if travel exceeds 100 miles to and from work per week
- o ELDERLY ONLY-receipts for medical expenses including health insurance premiums

*Effective October 1, 1984, HUD regulations for exemptions from income are as follows:*

1. \$480.00 per dependent less than 18 years, or full-time student.
2. Childcare expenses (baby-sitting cost).
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

**HEAD OF HOUSEHOLD INFORMATION:**

Name of applicant (HOH): \_\_\_\_\_

Applicant's Physical Address: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Main Phone: \_\_\_\_\_ Applicant's 2<sup>nd</sup> Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICANTS FAMILY COMPOSITION:**

	Name	Relationship to Applicant	Date of Birth	Sex	Social Security #	Enrolled Seneca?	If NO, which? Native or other
1				M / F			
2				M / F			
3				M / F			
4				M / F			
5				M / F			
6				M / F			
7				M / F			
8				M / F			

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	Annual Estimated Income		
		Pay	Past 12 mo	Past 2 mo.	Next 3 mo.

**OTHER SOURCES OF INCOME:**

(SSI, Child Support, Alimony, Unemployment, Disability, Pension, Royalties, etc.)

First Name	Source and Address	Monthly Gross	Annual Estimated Income		
		Amount	Past 12 mo	Past 2 mo.	Next 3 mo.

**HOME/DWELLING INFORMATION:**

- o How many bedrooms in the home? \_\_\_\_\_
- o Do you owe money to an Indian Housing Authority? YES or NO
- o Are you about to be without housing? YES or NO  
If yes, why and when? \_\_\_\_\_

**HOMEOWNER INFORMATION:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

How long have you been a homeowner? \_\_\_\_\_

Monthly mortgage amount: \_\_\_\_\_ Paid up to: \_\_\_\_\_

Monthly utility costs: \_\_\_\_\_

Name and Address of Utility companies:

Electric: \_\_\_\_\_ Last payment made: \_\_\_\_\_

Gas: \_\_\_\_\_ Last payment made: \_\_\_\_\_

Water & Sewer: \_\_\_\_\_ Last payment made: \_\_\_\_\_

Do you have overdue utility payments (arrears) owed? YES or NO

If so, which months do you owe and how much per month?

Do you have Wi-Fi or Broadband? YES or NO

**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				

**LEGAL:**

- o Has any household member ever been convicted of any crime other than traffic violations? YES or NO If yes, Who: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_
- o Anything drug and/or substance abuse related?
- o Do you or any household member have any current legal proceedings pending? YES or NO If yes, please explain: \_\_\_\_\_
- o Have you ever been awarded any federal contracts: YES or NO  
If yes, have you ever been placed on the federal suspension or debarment list? YES or NO
- o Has any household member ever used any names(s) other than the one currently being used? (This would include name from previous marriage or maiden name) YES or 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: \_\_\_\_\_

**APPLICANT(S) ACKNOWLEDGMENT:**

I have experienced a reduction in income and/or incurred significant cost (mortgage and/or utilities), and/or experienced other financial hardship due to the COVID-19 outbreak.

Initials \_\_\_\_\_ Co-applicant Initials \_\_\_\_\_

Once I have been approved, my application will remain active until September 30, 2022. I understand that if I do not properly update my information every three (3) months, I will be removed from the list.

Initials \_\_\_\_\_ Co-applicant 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 \_\_\_\_\_ Co-applicant 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 \_\_\_\_\_ Co-applicant 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 \_\_\_\_\_ Co-applicant Initials \_\_\_\_\_

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal law and is grounds for termination of housing assistance.

Initials \_\_\_\_\_ Co-applicant Initials \_\_\_\_\_

**I HAVE REVIEWED THE APPLICATION AND CERTIFY THAT THE INFORMATION I PROVIDED HERE IS TRUE AND COMPLETE.**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**  
**CO-APPLICANT 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 #: \_\_\_\_\_

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

- 50 Iroquois Drive, Irving, NY 14081
- 44 Seneca Street, Salamanca, NY 14779

**AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION**

**HOUSING AUTHORITY PROGRAM:**

- SNHA
- Child Care Providers
- Courts: Tribal and Non-Tribal
- Law Enforcement Agencies
- Current & Previous Landlords
- Current & Previous Employers
- Utility Companies
- Social Security Administration
- Support & Alimony Providers

**APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

***\*Co-Applicant must also sign a 'Release of Information Agreement'***

**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 #: \_\_\_\_\_

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
- 50 Iroquois Drive, Irving, NY 14081
- 44 Seneca Street, Salamanca, NY 14779

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- Law Enforcement Agencies
- Current & Previous Landlords
- Current & Previous Employers
- Utility Companies
- Social Security Administration
- Support & Alimony Providers

**APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

***\*Co-Applicant must also sign a 'Release of Information Agreement'***

**DRUG FREE HOUSEHOLD STATEMENT**

I / We, \_\_\_\_\_ and \_\_\_\_\_, do hereby attest that myself and all members of my household do not use illegal drug(s).

I / We further attest that I and all members of my household are not involved in selling, possession, or use 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 discontinuation of HAF.

I / We understand that this statement will remain in effect for the entire length of my assistance with the Seneca Nation Housing HAF Program.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
CO-APPLICANTSIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL PERSON(S) 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: \_\_\_\_\_



**ATTESTATION**

I have experienced a reduction in income and/or incurred significant cost (mortgage and/or utilities), and/or experienced other financial hardship **due to the COVID-19** outbreak.

Initials \_\_\_\_\_ Co-applicant Initials \_\_\_\_\_

Please explain how you've experienced hardship **due to COVID-19**:

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I Certify that **all statements** made by me in this document **are true, complete and correct** to the best of my knowledge and belief **and are made in good faith.**

Initials \_\_\_\_\_ Co-applicant Initials \_\_\_\_\_

I acknowledge that the documents I have submitted are true and authentic and verification that **the proper processes were followed.**

Initials \_\_\_\_\_ Co-applicant Initials \_\_\_\_\_

Applicant Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

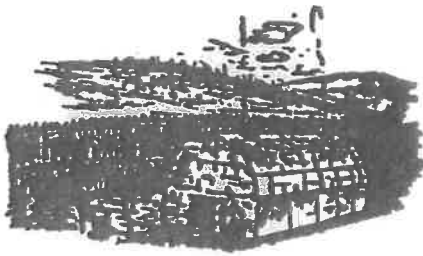
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



**SENECA NATION HOUSING AUTHORITY**  
50 IROQUOIS DRIVE  
IRVING, NY 14061  
(716) 532-5000

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

**CERTIFICATION OF ZERO INCOME  
SENECA NATION HOUSING AUTHORITY**

(To be completed by adult household members only, if applicable)

Household Name: \_\_\_\_\_ Project/Unit: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employment resources (Avon, Mary Kay, etc.);
  - j. Any other source not name above.
  
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
  
3. I will be using the following sources of funds to pay for rent and other necessities:

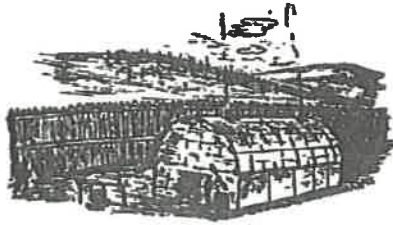
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date



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50 IROQUOIS DRIVE  
IRVING, NY 14081  
(716) 532-5000

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

## **ATTENTION APPLICANTS**

**Please submit HAF applications to:**

**Cattaraugus Site: Intake and Questions:** [Senee.mohawk@sni.org](mailto:Senee.mohawk@sni.org)  
**Phone (716) 532-5000**  
**Fax: (716-532-3892)**

**Allegany Site: Intake and Questions:** [Robynn.george@sni.org](mailto:Robynn.george@sni.org)  
**Phone: (716) 945-1290**  
**Fax: (716) 945-5910**

**Buffalo Area Residents Intake and Questions:** **Ramona Marion**  
**Seneca Nation Buffalo Office**  
**533 Amherst St.**  
**Buffalo, NY 14207**  
**(716) 845-6304**  
[Ramona.marion@sni.org](mailto:Ramona.marion@sni.org)

Ramona will be assisting with intake. Final application and documentation will be sent to the CATT SNH for follow up and processing.

**APPLICANTS** please bring/send forms to:  
Senee Mohawk, Administrative Assistant  
HAF Intake Clerk  
Seneca Nation Housing  
50 Iroquois Drive  
Irving, NY 14081

Robynn George, Administrative Assistant  
HAF Intake Clerk  
Seneca Nation Housing  
44 Seneca St.  
Salamanca, NY 14779

Photocopies or digital photographs of documents, e-mails, may be accepted. SNH requires applicants to sign the Attestation from the application that all information is correct and complete.

## **Mortgage Holder:**

**The W-9 is used to report the amount paid to you. At the end of the year you will receive a 1099 for your income tax purposes.**

**Please fill out 1-7 and sign on the signature line and date. Return to Seneca Nation Housing Authority at your earliest convenience so we may expedite your payment.**

*Seneca Nation Housing Authority  
Attention: Accounts Payable  
50 Iroquois Drive  
Irving, NY 14081*

**Thank you for your participation  
in the program.**

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ **Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.**

Print or type.  
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									

**or**

Employer identification number									

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of  
 U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

**a. Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

**b. Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

**c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

**d. Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

**e. Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.



**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>*</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

#### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# HOMEOWNER ASSISTANCE FUND POLICY

## **POLICY STATEMENT**

The governing body of the Seneca Nation Housing Department (SNHD) recognizes the need to develop a program that provides Homeowner Assistance Funds (HAF) to Homeowner Nation Members whose needs cannot be met through the existing housing programs. This program is created to provide HAF funds to be used to prevent mortgage delinquencies and defaults, foreclosures, loss of utilities or home energy services, and displacement of homeowners experiencing financial hardship after January 21, 2020 to eligible families. Funds from HAF may be used for assistance with mortgage payments, homeowner's insurance, utility payments, and other specified purposes. The SNHD will implement the HAF Program in a manner consistent with the overall mission of the SNHD and the American Rescue Plan Act to provide relief to our most vulnerable homeowners. The HAF Program is established under section 3206 of the American Rescue Plan Act of 2021 (the ARP).

## **A. DEFINITIONS**

1. **150% of the Area Median Income.** For a household means three times the income limit for very-low income families, for relevant household size, as published by HUD in accordance with 42 U.S.C. 1437 a(b)(2) for purposes of the
2. **Adjusted Gross Income.** The term 'adjusted gross income' means the annual income as defined for purposes of reporting under the Internal Revenue Service and that remains after excluding the following amounts:
  - a) **YOUTHS, STUDENTS, AND PERSONS WITH DISABILITIES-** \$480 for each member of the family residing in the household (other than the head of the household or the spouse of the head of household).
    - I. Who is under 18 years of age; or
    - II. Who is 18 years of age or older and a person with disabilities or a full-time student.
  - b) **ELDERLY AND DISABLED FAMILIES-** \$400 for an elderly or disabled family.
  - c) **MEDICAL AND ATTENDANT EXPENSES-** the amount by which 3% of the annual income of the family is exceeded by the aggregate of:
    - I. of the family (including a member who is a person with disabilities) to be employed. Medical expenses, in the case of an elderly or disabled family; and
    - II. Reasonable attendant care and auxiliary apparatus expenses for each family member who is a person with disabilities, to the extent necessary to enable any member
  - d) **CHILD CARE EXPENSES-** child care expenses for the care of children under the age of 13 to the extent necessary to enable another member of the family to be employed or to further his or her education.
  - e) **EARNED INCOME OF MINORS-** the amount of any earned income of any member of the family who is less than 18 years of age.
  - f) **TRAVEL EXPENSES-** excessive travel expenses, not to exceed \$25 per family per week for employment or education related travel.
3. **Annual Income.** The statute provides that grantees determine income eligibility by reference to either (i) household total income for calendar year 2020 or (ii) sufficient confirmation of the household's monthly income at the time of application.

The definition of 'annual income' = provided by HUD in 24 CFR 5.609 and using adjusted gross income as defined for purposes of reporting under Internal Revenue Service (IRS) for the household.

The applicant's 'annual income' will be determined by estimating the anticipated total income from all sources, e.g., wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household received by the head, spouse, partner, and additional members of the household.
4. **Attestation.** Description of the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member). Events happened as you claim. To affirm to be correct, true or genuine.

5. **Drug Related Criminal Activity.** The term ‘drug related criminal activity’ means the illegal manufacture, sale, distribution, use, or possession with the intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in CFR Title 24, Subtitle A, Part 5 §5.100) and the SNHA Renter’s Drug and Alcohol Policy.
6. **Dwelling.** Means any building, structure, or portion thereof that is occupied as, or designed or intended for occupancy as, a residence by one or more individuals.
7. **Eligible Entity.** Means (1) a State, (2) the Department of Hawaiian Home Lands, (3) each Indian tribe (or, if applicable, the tribally designated housing entity of an Indian Tribe) that was eligible for a grant under Title I of the Native American Housing Assistance and Self-Determination Act receiving a grant allocation under the Native American Housing Block Grants Program formula in fiscal year 2020.
8. **Family.** Family is defined as a family with or without children, an elderly family, a disabled family, and a single person.
9. **Financial Hardship.** Means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner.
10. **Full Time Student.** A person who is enrolled in a certified educational institution, such as a vocational school with a certificate or diploma program or an institution offering a college degree, and is carrying a subject load that is considered full-time for students under the standards and practices of the institution attended.
11. **HAF Participant.** Means an eligible entity that received funds from HAF.
12. **HUD.** The U.S. Department of Housing and Urban Development.
13. **Institution.** Name of the Mortgage Lender.
14. **Low Income Family.** The term ‘Low Income Family’ means a family whose income does not exceed 80% of the median income for the area, as determined by HUD with adjustments for smaller and larger families.
15. **Mortgage.** Means any credit transaction (1) that is secured by mortgage, deed of trust, or other consensual security interest on a principal residence of a borrower that is (a) a one- to four-unit dwelling, or (b) a residential real property that includes a one- to four-unit dwelling; and (2) the unpaid principal balance of which was, at the time of origination, not more than the conforming loan limit. For purposes of this definition, the conforming loan limit means the applicable limitation governing the maximum original principal obligation of a mortgage secured by a single-family residence, a mortgage secured by a two-family residence, a mortgage secured by a three-family residence, or a mortgage secured by a four-family residence, as determined and adjusted annually under section 302(b)(2) of the Federal National Mortgage Association Charter Act (12 U.S.C. 1717(b)(2)) and Section 305(a)(2) of the Federal Home Loan Mortgage Corporation Act (12 U.S.C. 1454(A)(2)).
16. **Median Income.** The term ‘Median Income’ means the greater of the median income for the SNHD Native area, which the Secretary shall determine.
17. **Monthly Income.** For determining monthly income, grantees must obtain income source documentation, as listed above, for the two months prior to the submission of the application for assistance. If the applicant qualifies based on the monthly income, the grantee must determine the household income eligibility every three months for the duration of the assistance.
18. **NAHASDA.** The Native American Housing Assistance and Self- Determination Act passed by the U.S congress in 1996.
19. **Native.** Any person recognized as being Native or Alaskan native by a federally recognized government. An enrolled member of a federally recognized tribe.
20. **Native Nation.** The term ‘Native Nation’ means a band or nation that is federally recognized.
21. **Federally Recognized Nation.** means any band, nation, or other organized group or community of members/Natives, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native claims settlement act, that is recognized as eligible for the special programs and services provided by the United States to Natives because of their status as natives pursuant to the Indian Self-Determination and Education Assistance Act of 1975.
22. **Payment Assistance.** The factor used to determine the amount of assistance to be paid to the owner on behalf of the participant. A) Annual income of family. B) Monthly income of family.

23. **Socially Disadvantaged Individuals.** Those who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as a member of a group without regard to their individual qualities. The social disadvantage must stem from circumstances beyond their control. There is a rebuttable presumption that the following individuals are socially disadvantaged: Black Americans, Hispanic Americans, Native Americans, and Asian Americans and Pacific Islanders. In addition, an individual may be determined to be a socially disadvantaged individuals in accordance with the procedures set forth at 13 CFS 124.103(c) or (d).
24. **State.** Means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, The United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands.
25. **Territory (Native Area).** The term 'Territory' means the area within which the nation operates affordable housing programs or the service area in which the Tribally Designated Housing Entity (TDHE) is authorized by one of more nations to operate affordable housing programs.

## **B. GENERAL INFORMATION**

### **1. Eligibility.**

- a. Qualifies for unemployment or has experienced a reduction in household income, incurred significant cost, or experienced a financial hardship after January 21, 2020 due to COVID-19 that threaten the household's ability to pay the costs of the mortgage property when due.
- b. Demonstrates a risk or experiencing homelessness or housing instability; and which may include past due mortgage and utility notices.
- c. Has a household income equal to or less than 150% of the area median income.
- d. Provide HAF funds only to a homeowner with respect to qualified expenses related to the dwelling that is such homeowner's primary residence.
- e. The eligibility for assistance will be for those applicants who have arrears up to January 21, 2020 if the arrears can be shown to be due to COVID-19. The payment of existing housing-related arrears that could result in foreclosure of an eligible household is prioritized. Assistance must be provided to reduce an eligible household's mortgage arrears before the household may receive assistance for future mortgage payments. Once a household's mortgage arrears are reduced, grantees may only commit to providing future assistance.
- f. Applications received from any family or person(s) not meeting the established criteria can be assisted in seeking assistance from other agencies.

- C. DETERMINATION OF INCOME ELIGIBILITY.** HAF participants must have a reasonable basis under the circumstances for determining income for purposes of the requirements described above under "Eligible Homeowners." Two approaches for income verification are permissible; (1) the household may provide a written attestation for income verification are permissible; (1) the household may provide a written attestation as to household income together with supporting documentations such as paystubs, W-2s or other wage statements, IRS Form 1099s, tax filings, depository institution statements demonstrating regular income, or an attestation from an employer; or (2) the household may provide a written attestation as to household income and the HAF participant may use a reasonable fact-specific proxy for household income, such as reliance on data regarding average incomes in the household's geographic area.

HAF participants may provide waivers or exceptions to this documentation requirement as reasonably necessary to accommodate extenuating circumstances, such as disabilities, practical challenges related to the pandemic, or a lack of technological access by homeowners; in these cases, the HAF participant is still responsible for making the required determination regarding household income and documenting that determination.

- D. INCOME DOCUMENTATION VERIFICATION.** The statute limits eligibility to households with income that does not exceed 150% of area median income as defined by the Department of Housing and Urban Development (HUD).
- E. UTILITIES AND HOME ENERGY COSTS.** Utilities and home energy costs are separately-stated charges related to the occupancy of Homeowner property. Utilities include separately-stated electricity, gas, water and sewer, trash removal and energy costs, such as fuel oil.
- F. UTILITY ARREARS.** SNHA may structure the HAF Program to provide less than full coverage of arrears. SNHA will consider how to best minimize any incentives for the non-payment of utilities by potential beneficiaries of the program
- G. INTERNET.** The Act provides funds for "Internet" Service provided to the homeowner unit. Internet service provided to a residence is related to housing and is in many cases vital service that allows homeowners to engage in distance learning, telework, and telemedicine and obtain government services. This cost must be supported by documentary evidence such as a bill, invoice, or evidence of payment to the provider of service.

H. **OUTREACH.** SNHA will make reasonable efforts to obtain cooperation of the Mortgage Holders of Homeowners and utility providers to accept payments from the HAF Program. Outreach will be considered complete if a request for participation is sent in writing, by certified mail, to the Mortgage Holder or utility provider, and the addressee does not respond to the request within 14 calendar days after mailing, or if SNHD has made at least three attempts by phone or email over a 14 calendar-day period to request the Mortgage Holder or utility provider's participation. All efforts will be documented. The cost of mailing is an eligible administrative cost.

I. **TERM.**

1. If an applicant qualifies based on monthly income, the grantee must redetermine the household income eligibility every three months for the duration of assistance.
2. Applicants may be provided homeowner assistance for as long as they comply with the terms of this program.
3. For determining monthly income, grantees should obtain income source documentation, as listed, for two months prior to the submission of the application for assistance as listed on the HAF application.
4. The HAF program provides assistance to eligible homeowners experiencing financial hardship after January 21, 2020 associated with the coronavirus pandemic.

J. **MORTGAGE**

1. Applicant will provide current proof of mortgage of residence.
2. The SNHD is not a party to the mortgage and assumes no responsibility in its enforcement.

K. **PAYMENTS - EXECUTION OF AGREEMENTS**

1. The SNHD will sign a contract with the Homeowner for the Homeowner Assistance payment amount showing the effective date of payments and the amount of the payment(s) and/or monthly payment.
2. The HAF payment will be made on or before the first day of each month.
3. The participant is not responsible for the approved HAF payment made by the SNHD.
4. Participants will follow the SNHA Rental Drug & Alcohol Policy.

L. **QUALIFIED EXPENSES.** HAF participants may use funding from the HAF only for the following types of qualified expenses that are for the purpose of preventing homeowner mortgage delinquencies, homeowner mortgage defaults, homeowner mortgage foreclosures, homeowner loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship;

1. Mortgage payment assistance.
2. Financial assistance to allow a homeowner to reinstate a mortgage or to pay other housing-related costs related to a period of forbearance, delinquency, or default;
3. Mortgage principal reduction, including with respect to a second mortgage provided by a nonprofit or government entity;
4. Facilitating mortgage interest rate reductions;
5. Payment assistance for:
  - a) Homeowner's utilities, including electric, gas, home energy, and water'
  - b) Homeowner's internet service, including broadband internet access service, as defined in 47 CFS 8.1(b) (or any successor regulation);
  - c) Homeowner's insurance, flood insurance, and mortgage insurance;
  - d) Homeowner's association fees or liens, condominium association fees, or common charges; and
  - e) Down payment assistance loans provided by nonprofit or government entities;
6. Payment assistance for delinquent property taxes to prevent homeowner tax foreclosures;
7. Measures to prevent homeowner displacement, such as home repairs to maintain the habitability of a home or assistance to enable households to receive clear title to their properties;
8. Counseling or educational efforts by housing counseling agencies approved by HUD, or legal services, targeted to households eligible to be served with funding from the HAF related to foreclosure prevention or displacement, in an aggregate amount up to 5% of the funding from the HAF received by the HAF participant;
9. Reimbursement of funds expended by a state, local government, or entity described in clause (3) or (4) of the definition above of "eligible entity" during the period beginning on January 21, 2020, and ending on the date that the first funds are disbursed by the HAF participant under the HAF, for a qualified expense (other than any qualified expense paid directly or indirectly by another federal funding source, or any qualified expenses described in clauses (6), (7), (8), or (10) of this definition); and
10. Planning community engagement, needs assessment, and administrative expenses related to the HAF participant's disbursement of HAF funds for qualified expenses, in an aggregate amount not to exceed 15% of the funding from the HAF received by the HAF participant.

Funding from the HAF may not be used for any other use other than those provided for in this section. Treasury will make available a form for requesting reimbursements under clause (9) above.

## **M. OBLIGATIONS**

### **1. Participant Obligations**

- A. When the participant's HAF application is approved the participant must sign an agreement to fulfill and abide by the required obligations for participation in the program as shown below. Any breach of the participant obligations is grounds for termination of assistance.
- B. The family must:
  - 1. Supply the SNHD with any information that the SNHD determines to be necessary
  - 2. Notify the SNHD in writing at least 30 days prior to moving out of the unit..
  - 3. The unit must be the family's only residence.
  - 4. Supply address of the Homeowner unit.
  - 5. Supply name and address of utility provider.
  - 6. Supply amount of monthly Mortgage payment.
  - 7. Supply household income documentation and number of individuals in the household
  - 8. Supply gender, race, and ethnicity of the primary applicant for assistance.
- C. The family must not:
  - 1. Commit any serious or repeated violation of the lease.
  - 2. Commit fraud, bribery or any other corrupt criminal act in connection with the program.
  - 3. Participate in illegal drug activity or violent criminal activity in accordance with SNHD policies.
  - 4. Sublease or sublet the unit.
- D. Prior to the execution of the contract for assistance payment by the SNHD to the owner on behalf of the family, the owner must agree to the following obligations in the program and must sign a statement that they are willing to adhere to these obligations before assistance can be approved.

### **2. SNHD Obligations**

- A. SNHD will provide the participant and owner a copy of all applicable policies.
- B. The SNHD is responsible for payment of the HAF amount to the owner each month by the first of each month
- C. The SNHD is responsible for conducting the initial income verification to determine eligibility and conducting re-determination for continued eligibility of participants every three (3) months.
- D. The SNHD is responsible for providing notice to the Homeowner if assistance amounts change or cease.
- E. Family members who are forced to leave as a result of violence will retain the assistance.
- F. Document amount and percentage of monthly mortgage covered by the HAF Program.
- G. Document amount and percentage of separately-stated utility and home energy costs covered by the HAF Program.
- H. Document Address of Homeowner unit.
- I. Document Name, address, social security number, tax identification number or DUNS number, as applicable, for Homeowner and utility provider.
- J. Document total amount of each type of assistance (i.e., mortgage, mortgage arrears, utilities, and home energy costs, utilities and home energy costs arrears) provided to each household.
- K. Document amount of outstanding mortgage arrears for each household.
- L. Document number of months of mortgage payments and number of months of utility or home energy cost payments for which HAF is provided.
- M. Document household income and number of individuals in the household, and gender, race and ethnicity for the primary applicant for assistance.
- N. Document number of applications received in order to be able to report the acceptance rate of applicants for assistance.

### **3. Institution Obligations**

- A. Mortgage Lender must complete a W-9 Form.

### **4. Termination of assistance by the SNHA**

- A. Any violation of participant obligations.

- B. Illegal drug activity (violation of any provisions of SNHA Rental Drug & Alcohol Policy) or violent crime activity.
- C. Failure of participant to sign and submit verification documents.
- D. If the family moves out of the unit.
- E. If the owner fails to maintain unit in accordance with HQS standards.
- F. If available program funding can no longer support continued assistance for the families.