



SENECA NATION MORTGAGE PROGRAM

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Allegany Territory, Seneca Nation
Salamanca 14779

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Irving 14081

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APPLICATION CHECKLIST

The following is a list documentation that will need to be submitted prior to closing. Some items may not apply to your situation, collect what you can for completing the application. We'll determine what else you may need.

Section I: This section of items must be handed in with your application before we can submit it to the Board.

Credit Report Fee per Applicant for credit report. ****Required at time of application submittal****

Completed Application

Photo ID; NYS Driver's License and Tribal Enrollment Card

Social Security Card

Current Original Enrollment certificate from Clerk's Office

One month's current pay stubs

Past two years W-2 forms **and** complete Federal Income Tax Returns

Two current consecutive months checking and/or savings statements (if applicable)

Section II: This section of items are needed prior to closing.

Inspection Report and proof of payment (if applicable)

Signed Project Data Sheet

Signed New Home Construction and Renovation/Remodel Disclosure Statement

Signed by all parties: Purchase Agreement (Existing Home Purchase) and/or Contract (Construction & Renovation/Remodel)

Signed Draw Schedule

SNI Engineering Division Permit (Construction & Renovation/Remodel)

Last Will and Testament

Title Search

Original Deed & Survey

Homeowner's Insurance (Copy of existing policy or binder)

Rider (Construction or Renovation/Remodeling)

Blue Prints (if applicable) or sketch/drawing of work to be performed

Applicant's initials acknowledging all the above: _____

SENECA NATION MORTGAGE PROGRAM APPLICATION

FOR USE BY SNMP PERSONNEL ONLY

Date app received by SNMP: _____ Time: _____

Date app determined complete: _____ Time: _____

Application reviewed by: _____

Applicant #: _____

SNMP Action

Eligible Ineligible Date: _____

Reviewed by: _____ Date: _____

APPLICANT

Name: _____ Social Security #: _____

Physical Address: _____

Previous address if at above address less than 2 yrs: _____

Tribal ID #: _____ Date of Birth: _____

Phone #: _____ Sex: Male Female

Marital Status: Married Single Divorced Widowed

Maiden name/AKA (if applicable): _____

Veteran Status: Have you been honorable discharged from active service with either the Army, Navy, Air Force, Marines or Coast Guard? Yes No

Number of dependents under age 18: _____ Total number of persons in household: _____

CO-APPLICANT – If applicable*

Name: _____ Social Security #: _____

Physical Address: _____

Previous address if at above address less than 2 yrs: _____

Tribal ID #: _____ Date of Birth: _____

Phone #: _____ Sex: Male Female

Maiden name/AKA (if applicable): _____

*A Nation Member applying for financial assistance under this program may seek to establish an ability to repay by having a family member, who is also an enrolled Nation Member, co-sign the loan and mortgage documents, provided that the parent meets the eligibility requirements set out in the SNMP Manual and Administrative Guidelines.

DEPENDENTS

	Name	Address (if different than applicant)	Relationship to Applicant	Social Security #	Date of Birth	Tribal ID #	Sex
1							M F
2							M F
3							M F
4							M F
5							M F

FINANCING

What type of financing do you seek? (Maximum limits shown for each type)

New Home Construction (\$300,000) Existing Home Purchase (\$225,000) Renovation/Remodeling (\$162,500)
Refinancing (\$225,000) Refinancing with Remodeling/Renovation (\$287,500)

What is the dollar amount you seek to finance? _____

Please check if you want to Pre-Qualify

What is the length of loan repayment you seek? (30 year max) _____

Will this home be your primary residence? Yes No

Describe the location of the home (or the land if it is a new home construction) you seek financing for: _____

Fill out the appropriate section based on the type of financing you are seeking:

New Home Construction

Do you have a Quit Claim Deed in your name for the property within the Seneca Nation Territory? Y N

Existing Home Purchase

Have you identified a home located within the Seneca Nation Territory that you wish to purchase? Y N

Renovation/Remodeling

Describe the type of renovation or remodeling that you seek to have done: _____

Refinancing

Who is the current lender? _____

What is the payoff amount? _____

Refinancing with Renovation/Remodeling

Who is the current lender? _____

What is the payoff amount? _____

Describe the type of renovation or remodeling that you seek to have done: _____

Have you previously received any financial assistance from the Seneca Nation, Seneca Nation Housing Authority, or SNIDEC? Yes No

If yes, please describe when you received such financing, from what agency/entity/department of the Seneca Nation, the amount of assistance and the purpose of:

EMPLOYMENT INFORMATION

Applicant

Name of Employer: _____

Address of Employer: _____ Business Phone: _____

Years on this job: _____ Years employed in this profession: _____

Position/Title: _____ Type of Business: _____

Self Employed? Yes No If **Yes**, Name and type of business: _____

If employed in current position for less than two years, or if currently employed in more than one position, complete the following:

Name of Employer: _____

Address of Employer: _____ Business Phone: _____

Dates (from – to): _____ Monthly Income: _____

Position/Title: _____ Type of Business: _____

Name of Employer: _____

Address of Employer: _____ Business Phone: _____

Dates (from – to): _____ Monthly Income: _____

Position/Title: _____ Type of Business: _____

Co-Applicant

Name of Employer: _____

Address of Employer: _____ Business Phone: _____

Years on this job: _____ Years employed in this profession: _____

Position/Title: _____ Type of Business: _____

Self Employed? Yes No If **Yes**, Name and type of business: _____

If employed in current position for less than two years, or if currently employed in more than one position, complete the following:

Name of Employer: _____

Address of Employer: _____ Business Phone: _____

Dates (from – to): _____ Monthly Income: _____

Position/Title: _____ Type of Business: _____

Name of Employer: _____

Address of Employer: _____ Business Phone: _____

Dates (from – to): _____ Monthly Income: _____

Position/Title: _____ Type of Business: _____

MONTHLY INCOME AND HOUSING EXPENSES

Gross Monthly Income	Applicant	Co-Applicant	Total	Monthly Combined Housing Expense	Present	Proposed
Base Empl. Income				Rent		
Overtime				First Mortgage (P&I)		
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		
Dividends/Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other Income: (*See below)				Homeowner Assn. Dues		
				Other:		
Total				Total		

* Describe "Other Income": Alimony, child support, or separate maintenance income need not be revealed if the Applicant (A) or Co-Applicant (C) does not choose to have it considered for repaying this loan.

A or C	Description of "Other Income"	Monthly Amount
A C		
A C		
A C		
A C		

Schedule of Real Estate Owned (if additional properties are owned, use continuation sheet.)

Complete Property Address	* See below	Type of Property Δ See below	Present Market Value	Amount of Mortgage & Liens	Gross Monthly Rental Income	Monthly Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Monthly Rental Income
	S PS R	C Re B						
	S PS R	C Re B						
	S PS R	C Re B						
Totals:								

* :Select "S" if Sold, "PS" if Pending Sale or "R" if Rental being held for income

Δ :Select: "C" for Commercial; "Re" for Residential; "B" for Business

Assets and Liabilities

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Applicants if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the Co-Applicant section was completed about a spouse, this Statement and supporting schedules must be completed about that spouse also.

This is being completed: JOINTLY or INDIVIDUALLY

ASSETS

<u>Description</u>	<u>Cash or Market Value</u>
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Cash deposit toward purchase held by: _____	_____
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List all checking and savings accounts with Banks, S&L, or Credit Unions:

Institution Name & Address: _____	
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Account #: _____	_____
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Institution Name & Address: _____	
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Account #: _____	_____
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Institution Name & Address: _____	
-----------------------------------	--

Account #: _____	_____
------------------	-------

Institution Name & Address: _____	
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Account #: _____	_____
------------------	-------

Stocks & Bonds

Company Name/Number: _____	
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Description: _____	_____
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Life Insurance net cash value. Face Amount: _____	_____
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<i>Subtotal Liquid Assets</i> _____	_____
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Real estate owned (Enter market value from “Schedule of Real Estate Owned”)	_____
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Vested interest in retirement fund	_____
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Net worth of business(es) owned (attach financial statement)	_____
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Check if client submitted financial statement

Automobile(s) owned

Submit a printed KBB private sale sheet for each vehicle

Make: _____	Year: _____	Est Mileage: _____	_____
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Make: _____	Year: _____	Est Mileage: _____	_____
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Make: _____	Year: _____	Est Mileage: _____	_____
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Check if client submitted KBB sheet

Note: if not submitted and SNMP prepares the KBB sheet, it will be with basic specs.

Other Assets: (Itemize)

Description: _____	_____
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Description: _____	_____
--------------------	-------

Description: _____	_____
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A. TOTAL ASSETS: _____

LIABILITIES

LIABILITIES AND PLEDGED ASSETS. List the Creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon transfer of the subject property.

Name and address of Company	Monthly Payment	Months left to pay	Unpaid Balance
Name and address of Company	Monthly Payment	Months left to pay	Unpaid Balance
Name and address of Company	Monthly Payment	Months left to pay	Unpaid Balance
Name and address of Company	Monthly Payment	Months left to pay	Unpaid Balance
Name and address of Company	Monthly Payment	Months left to pay	Unpaid Balance
Name and address of Company	Monthly Payment	Months left to pay	Unpaid Balance
Alimony/Child Support/Separate Maintenance Payments Owed to:	Monthly Amount		
Job Related Expenses (child care, union dues, etc.)	Monthly Amount		
Judgement(s)	Monthly Amount		
Total Monthly Payments			
B. Total Liabilities			

Net Worth (A-B): _____

Details of Transaction (Where applicable, if house already picked out)

A	Purchase Price	
B	Alterations, improvements, repairs	
C	Land (if acquired separately)	
D	Refinance	
E	Estimated prepaid items	
F	Estimated Closing Costs	
G	Discount (if Borrower will pay)	
H	Total costs (add items A through G)	
I	Borrower's closing costs paid by Seller	
J	Other Credits (explain)	
K	Loan amount	
	Cash from/to Borrower (subtract I and J from H)	

Declarations

	If you answer "Yes" to any questions A-L, please use a continuation sheet for explanation.	Applicant Yes No	Co-Applicant Yes No
A.	Are there any outstanding judgments against you?		
B.	Have you been declared bankrupt within the past 7 years?		
C.	Have you had property foreclosed upon or given title or deed in thereof in the last 7 years?		
D.	Are you a party to a lawsuit?		
E.	Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee? If "Yes," provide details, including date, name and address of lender, FHA or VA case number, if any, and reasons for the action.)		
F.	Are you presently delinquent or in default on any Tribal or Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes," give details as described in the question.		
G.	Are you obligated to pay alimony, child support, or separate maintenance?		
H.	Is any part of the down payment borrowed?		
I.	Are you a co-maker or endorser on a note?		
J.	Do you have any ongoing repayment or structured repayment arrangements currently in force against you?		
K.	Are you a U.S. Citizen?		
L.	Are you a permanent resident alien?		
M.	Do you intend to occupy the property as your primary residence? If "Yes," complete question N below.		
N.	Have you had an ownership interest in a property in the last 3 years?		
	(1) What type of property did you own? PS = Principal Residence SH = Second Home IP = Investment Property		
	(2) How did you hold title to the home? S = Solely SP = Jointly with your spouse O = Jointly w/ another person		

CONTINUATION SHEET:

Use this continuation sheet or attach a separate sheet(s) if you need more space to complete the Residential Loan Application. Mark A for Applicant or C for Co-Applicant.	Applicant:
	Co-Applicant:

CONTINUATION SHEET NUMBER 1

Certification: I/We certify by undersigning that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and liability for monetary damages, under penalties of perjury or otherwise, and further acknowledge that any fraud in this application is punishable by fine not in excess of \$500.00 under the Nation's laws. The undersigned also consent to and authorize the release of information as the SNI may reasonably request to verify the information contained herein.

Applicant's Signature X	Date	Co-Applicant's Signature X	Date
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Acknowledgment and Agreement

Applicant(s) hereby certify that he/she:

- (a) Is an enrolled Member of the Seneca Nation;
- (b) Is at least 21 years of age;
- (c) Has no outstanding HUD debts and no debts to the Seneca Nation, other than debts incurred pursuant to the terms of a Nation program which are not delinquent or in default, and which has not been delinquent or in default for the immediately preceding six (6) months;
- (d) Seeks financing under this program solely for the purposes of the Applicant's primary residence which will be located on land within the jurisdiction of the Seneca Nation;
- (e) Has received a copy of the Seneca Nation Mortgage Program Manual and Administrative Guidelines. Agrees that as a condition of eligibility for financing is to provide the information required, to determine my eligibility and the suitability of the project for such financing.

The undersigned specifically acknowledge(s) and agree(s) that: (1) the loan requested by this application will be secured by a first mortgage (Leasehold Mortgage or Deed in Trust) on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the loan indicated herein; (4) occupation of the property will be as indicated above; (5) verification or re-verification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the loan is not approved; (6) the Lender, its agents, successors and assigns will rely on the information contained in the application, and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) in the event my/our payments on the loan indicated in this application become delinquent, the Lender, its agents, successors and assigns may, in addition to all their other rights and remedies, report my/our name(s) and account information to a credit reporting agency; (8) ownership of the loan may be transferred to successor or assign of the Lender without notice to me and/or the administration of the loan account may be transferred to an agent, successor or assign of the Lender with prior notice to me; (9) the Lender, its agents, successors and assigns, make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

Certification: I/We certify by undersigning that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and liability for monetary damages, under penalties of perjury or otherwise, and further acknowledge that any fraud in this application is punishable by fine not in excess of \$500.00 under the Nation's laws. The undersigned also consent to and authorize the release of information as the SNI may reasonably request to verify the information contained herein.

Applicant's Signature	Date	Co-Applicant's Signature	Date
X		X	

Authorization to Release Information

I/We have applied for a mortgage loan from the Seneca Nation Mortgage Program (SNMP). As part of the application process, SNMP may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

I/We authorize you to provide SNMP all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.

A copy of this authorization may be accepted as an original.

Your prompt reply to SNMP is appreciated.

Furthermore, I/We grant SNMP permission to release information necessary in assisting me in obtaining other services for which I may be eligible.

This release of information is good for one year from the date signed.

Applicant's Signature: _____ Date: _____

Print Name: _____

Co-Applicant's Signature: _____ Date: _____

Print Name: _____