

# Seneca Nation Housing Department



Cattaraugus Territory      Allegany Territory  
 50 Iroquois Drive          44 Seneca Street  
 Irving, NY 14081          Salamanca, NY 14779  
 Phone: (716) 532-5000      Phone: (716) 945-1290  
 Fax: (716) 532-3892        Fax: (716) 945-5910

Submit verification of income:  
 8 pay stubs , Payroll Summary, Unemployment,  
 Statement of Zero Income, or Notarized statement  
 of Income. Submit applicable document(s).

If initially, you provided the following, you do not  
 have to resubmit: Income Tax, Disability, Social Se-  
 curity, Insurance payment, Pension Award Letter.

## EMERGENCY RENTAL ASSISTANCE RECERTIFICATION FORM

Household may reapply/recertify for additional assistance at the end of the three (3) month period if needed and the overall time limit for assistance is not exceeded (see ERAP Policy).

<b>NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>E-MAIL:</b>

**FAMILY COMPOSITION:**

	NAME	RELATIONSHIP	DOB	SEX	SS#	ENROLLED SENECA	OTHER
1							
2							
3							
4							
5							
6							
7							
8							

**INCOME** (LIST ALL PERSONS OVER THE AGE OF 18 WHO ARE EMPLOYED) submit income verification with this form.

	NAME	MONTHLY RATE	HOW LONG	PLACE OF EMPLOYMENT
1				
2				
3				
4				

**OTHER SOURCES OF INCOME :**

	NAME	SOURCE, ADDRESS	MONTHLY RATE
1			
2			
3			
4			

**CURRENT LANDLORD :**

<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE :</b>	<b>HOW LONG :</b>
<b>E-MAIL:</b>	

<b>UTILITY COMPANY NAME::</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT:</b>

<b>UTILITY COMPANY NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT # :</b>

<b>UTILITY COMPANY NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT # :</b>

<b>UTILITY COMPANY NAME :</b>	
<b>ADDRESS :</b>	<b>CITY / STATE :</b>
<b>PHONE # :</b>	<b>ACCOUNT # :</b>

<b>PREVIOUS ERAP ASSISTANCE :</b>	
<b>MONTHS AWARDED :</b>	<b>AMOUNT AWARDED :</b>

<b>DOES YOUR HOUSEHOLD RECEIVE ASSISTANCE OTHER THAN ERA ?</b>	
<b>IF YES, PLEASE LIST :</b>	<b>DATE(S) OF ASSISTANCE :</b>

<b>APPLICANT(S) ACKNOWLEDGEMENT :</b>	
I have experienced a reduction in income and/or incurred significant cost (rent and/or utilities), and/or have continued to experience financial hardship due to COVID-19 outbreak.	
<b>Applicant Initials :</b> _____	<b>Co-Applicant Initials :</b> _____

<b>ATTESTATION: EXPLAIN HOW YOU'VE CONTINUED TO EXPERIENCE FINANCIAL HARDSHIP DUE TO COVID-19 IN DETAIL</b>

<b>GIVING TRUE AND COMPLETE INFORMATION :</b>
I certify that all the information provided on this application is accurate and complete to the best of my knowledge.
I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal law and is grounds for termination of housing assistance.

<b>SIGNATURE :</b>	<b>DATE :</b>
--------------------	---------------

<b>CO-APPLICANT SIGNATURE :</b>	<b>DATE :</b>
---------------------------------	---------------

<b>FOR OFFICE USE ONLY</b>
----------------------------

<b>APPROVED/DENIED:</b>	<b>DATE :</b>
-------------------------	---------------