

Am I Eligible for the Healthy Homes Program?

1. Am I an enrolled Seneca member?
 - Yes, go to question 2.
 - No. HHP is currently only for enrolled Seneca members.
2. Do I own my home?
 - Yes, go to question 3.
 - No, if you rent and live on territory, you can encourage your landlord to apply to Seneca Nation's HHP. Please reach out to the Seneca Nation HHP for more details. If you rent and live off territory, your landlord can be encouraged to apply to county healthy home programs. Reach out to Seneca Nation HHP for more information.
3. Do I have a clear deed to my property?
 - Yes, go to question 4.
 - No. A deed is required for HHP eligibility. However, if you do not have a clear deed and have lived on your property for 20+ years, we may be able to help you obtain a deed. Please contact HHP for more information.
4. Does my income meet HUD guidelines for my family size?
 - Yes, go to question 5.
 - No, HHP is only for low-income families.

HUD INCOME TRESHOLD: (Income must be **below** the following)

See attached income for counties outside Cattaraugus

Persons in Family (Cattaraugus County)							
1	2	3	4	5	6	7	8
\$49,600	\$56,650	\$63,750	\$70,800	\$76,500	\$82,150	\$87,800	\$93,500

5. Is my home a manufactured or mobile home? (Note: module home is different!)

- Yes, you *may* still qualify if your home is elevated. Please reach out to HHP to determine. If your home is not elevated, it will not qualify.
- No, go to question 6.

6. Do I live in a flood plain?

- Yes, go to question 7.
- No. You qualify for HHP!



You can check if you live in a flood plain with the above QR Code.

7. If you answered yes to living in a flood plain, do you have flood insurance for your home?

- Yes, you qualify for HHP!
- No. HHP is making flood insurance mandatory for those living in a flood plain to participate in this program.

Reach out the Seneca Nation Healthy Homes Program at the address below:

GrantsInfo@sni.org

INCOME ELIGIBILITY BY COUNTY (2025)

Persons in Family (Allegany County)							
1	2	3	4	5	6	7	8
\$49,600	\$56,650	\$63,750	\$70,800	\$76,500	\$82,150	\$87,800	\$93,500

Persons in Family (Chautauqua County)							
1	2	3	4	5	6	7	8
\$49,600	\$56,650	\$63,750	\$70,800	\$76,500	\$82,150	\$87,800	\$93,500

Persons in Family (Erie County)							
1	2	3	4	5	6	7	8
\$56,600	\$64,650	\$72,750	\$80,800	\$87,300	\$93,750	\$100,200	\$106,700

Persons in Family (Niagara County)							
1	2	3	4	5	6	7	8
\$56,600	\$64,650	\$72,750	\$80,800	\$87,300	\$93,750	\$100,200	\$106,700

THE HEALTHY HOMES PROGRAM

Application Procedure: All applications must be turned in with all required documentation to:

Seneca Nation Community Planning and Development Department
Attn: Healthy Homes Program
12837 Route 438
Irving, New York 14081



Applications are reviewed on a weekly basis and prioritized according to health and safety issues with vulnerable populations.

Prioritization of applications and home inspections is as follows:

1. Homes with children and/or elders residing referred to the Healthy Homes Program by a health care provider.
2. Homes with children and/or elders residing referred to the Healthy Homes Program by a social service agency (including SN Housing Authority).
3. Homes with disabled member(s) residing referred to the Healthy Homes Program by a health care provider or a social service agency.
4. Homes with children and/or elders residing who have self-referred to the Healthy Homes Program.
5. Homes with disabled member(s) residing who have self-referred to the Healthy Homes Program.
6. Homes with adult member(s) who have self-referred to the Healthy Homes Program.
7. Homes with Seneca enrolled members, but first descendants may apply.

******Homes located off SN territory must be owned by the applicant applying for Healthy Homes Assistance. The home owner will be responsible for acquiring all necessary building permits and 3rd party inspections.**

******Homes located on SN territories can be rental or owned to be eligible for the Healthy Homes Program. Rental properties will require landlord agreements.**

Please provide/submit copies of the following listed below:

Application Checklist (REQUIRED)	
	Completed application form
	Income verification – 6 weeks of current paystubs, copy of most recent bank statement.
	Proof of disability, Social Security, Social Services (cash only), pension award letter, retired veterans payments, child support verification and any other income received
	Filed Federal tax return or W-2, if applicable
	Photo ID for all adults over 18 years of age
	Birth certificates for all household members
	SN ID or SN Certification Form for enrollment; if applicable
	Copy of deed
	Income exemption verification for child/adult care expenses (if applicable)
	Income exemption verification for medical care expenses (if applicable)
	First descendant (non-enrolled) must show proof of lineage

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APPLICATION INFORMATION

HEAD OF HOUSEHOLD INFORMATION:

Name: _____
 Last First MI Maiden Name

Current Address: _____
 Street P.O. Box # SN Enrollment Number

City State Zip Code Phone Number

FAMILY COMPOSITION:

Name	Relationship to Applicant	Date of Birth	Sex	Social Security #	Enrolled Seneca
1.	Head of Household		F M		Y N
2.			F M		Y N
3.			F M		Y N
4.			F M		Y N
5.			F M		Y N
6.			F M		Y N
7.			F M		Y N
8.			F M		Y N

*If your family composition exceeds 8 use a separate sheet to list any additional occupants.

HOUSEHOLD INCOME: List income for ALL persons who live in the dwelling (including self-employment)

***Do NOT include Annuity, SN Disability, or Elder's Benefits.**

Employment Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

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Total annual Employment income: \$ _____

Other Income: Start with applicant, then list all permanent family members who have unearned income such as Social Security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest, etc. Provide check stubs, statements, ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Unearned Income	Monthly Gross Amount

Total annual Other income: \$ _____

Total combined annual income (employment + other): \$ _____

I have zero income, please initial: _____

If applicable, Zero Income Verification form must be attached.

Housing Information

Is your home located on a Seneca Nation Territory? ☐ Yes ☐ No

Do you ☐ own or ☐ rent your home? How long have you lived at this residence: _____

Landlord's Name: _____ Landlord's Address: _____

Landlord's Phone Number: _____

Please describe specifically the conditions/problems of the home that are impacting the health and/or safety of the residence: Please prioritize, note, these priorities may change based on home inspection. Please refer to the 29 household hazards that are eligible for services.

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Have you received assistance from any other organization i.e., SNI HIP/Weatherization, Elder Program or other federally recognized programs to help with the condition/problem discussed above?

☐ Yes ☐ No

If Yes, explain:

In order to protect our staff, any witnessed or suspected illicit activity will result in our staff immediately leaving the premises.

☐ Yes ☐ No

If Yes, explain:

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on this application is accurate and complete to the best of my knowledge.

_____ Initials _____

I am aware that I am to cooperate in supplying all information needed to determine my eligibility. I understand that failure or refusal to supply information may result in denial of assistance.

_____ Initials _____

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

_____ Initials _____

THE HEALTHY HOMES PROGRAM

If application is deemed to be falsified applicant may be subject to action for reimbursement for services rendered.

_____ Initials _____

I have reviewed this application and certify that the information I have provided here is true and complete.

Signature

Date