SNHA RENTAL ASSISTANCE APPLICATION AND POLICY

Low Income Housing Income Limits as of July 30, 2020

<table>
<thead>
<tr>
<th>PERSON(S)</th>
<th>INCOME LIMIT</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>$43,960</td>
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<tr>
<td>2</td>
<td>$50,240</td>
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<tr>
<td>3</td>
<td>$56,520</td>
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<tr>
<td>4</td>
<td>$62,800</td>
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<tr>
<td>5</td>
<td>$67,824</td>
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<td>6</td>
<td>$72,848</td>
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<tr>
<td>7</td>
<td>$77,872</td>
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<tr>
<td>8</td>
<td>$82,896</td>
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</table>

For each additional family member over eight (8), add 8% of the four (4) person base to eight (8) person income limit. If your total annual income exceeds the income limits, the Housing Authority cannot offer admission to our program. Please be informed that these income limits are in effect immediately and will remain in effect until suspended.

Income is a requirement!

This program is created to provide rental assistance to eligible Seneca families who meet the following guidelines:

1. No money is owed to the Seneca Nation Housing Authority.
2. Provide proof of enrollment in the Seneca Nation for the applicant/head of household.
3. Provide proof of custody of child/children, if applicable (Previous years tax returns are acceptable).
4. Must be at or below the low-income guidelines, using HUD’s 80% Median Income.
5. The applicant must provide the most recent utility bill as a proof of residence. The bill must be in the applicants name at the address for which they are applying for assistance.
6. This is a one-time assistance program only. Therefore, once you receive assistance, you and your household are not eligible for further assistance.
7. The applicant/head of household must sign a release of information which allows the SNHA staff to verify any and all eligibility information. Declining to sign a release is an automatic denial of assistance.
### HOUSEHOLD INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Physical Address</th>
<th>Mailing Address</th>
<th>Main Phone #</th>
<th>2nd Phone #</th>
</tr>
</thead>
</table>

### FAMILY COMPOSITION

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
<th>Date of Birth</th>
<th>Sex M/F</th>
<th>Social Security #</th>
<th>Enrolled Seneca? Y/N</th>
<th>If NO, Which Native or Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Head of Household</td>
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### HOUSEHOLD INCOME

<table>
<thead>
<tr>
<th>First Name</th>
<th>Employer Name &amp; Address</th>
<th>Monthly Gross Pay</th>
<th>Annual Estimated Income</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Past 12 mo.</td>
<td>Next 12 mo.</td>
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### DEDUCTIONS:

Do you pay for childcare that may count as a deduction of your gross annual income?
- Yes
- No
  - If yes, how much per week? ________________

Do you or anyone in your family drive more than 100 miles per week to work?
- Yes
- No
  - If yes, who? ________________

If you are an elder (60 yrs. +) living in the household. Do you pay any medical expenses?
- Yes
- No
  - If yes, how much per month? ________________
ACKNOWLEDGEMENT

INITIAL TO INDICATE YOU UNDERSTAND AND WILL COMPLY

_____ I understand that this is assistance is for one year only.
_____ I understand the subsidy is not to exceed $300.00.
_____ I understand eligibility will be for those applicants on the SNHA waiting list.
_____ I acknowledge that all the information on this application is true and accurate.

I understand that if any information on this application found to be false or missing will result in a denial of services. I may also be responsible for repayment of funding back to the Seneca Nation Housing Authority for any amount received under this agreement.

Print Name_____________________ Signature______________________________
Date____________

CHECKLIST

ALL household members NEED:
_____ Driver ID
_____ Tribal ID
_____ Birth Certificates
_____ Social Security Card
_____ Last tax return if needed for custody

ALL household members 18yrs + NEED:
_____ Proof of Income (4 paystubs, SSI, retirement, statement of income)
_____ Zero Income statement signed by individual with no income to report
_____ Utility bill in applicants name
_____ Proof of Childcare (billing statement)
_____ Statement signed by household member, if they drive more than 100 miles per week to work.
_____ Proof of medical bills, if elder pays any medical care out of pocket
_____ School schedule of college student
_____ Release of Information signed and dated
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: ________________
Address: ________________________________ Date of Birth:___________
___________________________________________ Phone #: ______________________
Social Security #: _________________Drivers License #: ________________
Issuing State: ______

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     &  Seneca Nation Mortgage Program
50 Iroquois Dr.     44 Seneca St.
Irving, NY 14081  Salamanca, NY 14779

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING AUTHORITY

Applicant Signature: ________________________________ Date: __________________________