

Seneca Housing Homebuyer Application

Seneca Housing Program's goals are:

- A. All Nation Members access to safe, healthy and affordable housing that will serve as the Nations member's primary residence and stimulate pride and a sense of ownership, while raising the living standards of the Nation;
- B. To develop flexible and fair administrative guidelines to serve and assist Nation Members to achieve home ownership and to assist Nation Members to resolve common problems impeding the achievement of that objective;
- C. To provide educational and counseling assistance to Nation Members before, at the time of, and after the closing of the home purchase transaction to foster and encourage informed and responsible home ownership; and
- D. To resolve delinquencies in loan repayment and other defaults cooperatively with the Nation Member(s) involved and without recourse to legal remedies if possible, but to establish a fair and firm enforcement method to protect and assert the nation's interests in the financing transaction if the default cannot be cooperatively resolved.

The Seneca Nation Mortgage Program:

Provide medium to high income housing opportunities and assistance to enrolled members of the Seneca nation of Indians on restricted fee lands.

The Seneca Nation Housing Authority:

Provide low income housing opportunities and assistance to enrolled members of federally recognized tribes (Guidelines below).

Low Income Housing Guidelines as of March 28, 2016

Person(s)	Income Limit
1	\$36,792
2	\$42,048
3	\$47,304
4	\$52,560
5	\$56,765
6	\$60,970
7	\$65,174
8	\$69,379

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be informed that these income limits are in effect immediately (January 30, 2014) and will remain in effect until superseded.

To all Homebuyer Applicants:

The following is a list of information that **MUST** be included with your completed application. The list pertains to all members of your household whom you have included on your application.

Checklist	
The following 6 items are required at minimum for application to be accepted	
	Application must be COMPLETELY filled out with appropriate pages signed & dated
	Release of Information Agreement
	Drug Free Household Statement
	Documentation of Disability Status (if applicable)
	Current Utility bill(s)
	Deed
<u>Verification of Income</u>	
	Filed Federal Tax Return from the past year
	Four (4) current pay stubs (actual not Payroll Summary)
	Disability, Social Security, Social Services, Insurance payment, pension award letters <i>(if applicable)</i>
	Notarized statement of income from other source of income <i>(if applicable)</i>
	Social Security form, OMB No. 0960-0566 and/or Disability Form <i>(if applicable)</i>
<u>Identification</u> (Copies of the following <u>MUST</u> be provided for <u>EVERYONE</u> on the application)	
	Photo I.D. (Driver's license, Tribal Enrollment Card, Passport) for all adults over 18
	Birth Certificate
	Proof of Tribal Enrollment (Certificate of Enrollment)
	Social Security Cards
<u>Exemption Verification</u>	
	Tuition papers or letter from school system verifying fulltime enrollment
	Receipts for childcare expenses if parent(s) work or attend school
	Mileage deduction if travel exceeds 100 miles to and from work per week
	ELDERLY ONLY- receipts for medical expenses including health insurance premiums

Effective October 1, 1984, HUD regulations for exemptions from income on which rents are computed are as follows:

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

ALL RENTS, EXCEPT WELFARE RENTS, ARE COMPUTED ACCORDING TO 20% OF ADJUSTED FAMILY INCOME, WITH NO CELING RENT AMOUNTS.

HEAD OF HOUSEHOLD INFORMATION

Name	
Physical Address	
Mailing Address	
Home phone	
Cell phone	

FAMILY COMPOSITION

(List all persons who will live in dwelling)

Name	Relationship to applicant	Date of Birth	Sex	Social Security #	Enrolled Seneca?	If NO, which? Native or Other
1	Head of Household		M F		Yes No	
2			M F		Yes No	
3			M F		Yes No	
4			M F		Yes No	
5			M F		Yes No	
6			M F		Yes No	
7			M F		Yes No	
8			M F		Yes No	

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

OTHER SOURCES OF INCOME

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

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

LANDLORD AND RENTAL INFORMATION

Have you ever owned a home or trailer? YES NO
 If yes, when? _____ Where is/was the dwelling located? _____
 If you currently own one, list your reason(s) for applying for this program: _____

Have you ever lived in Public Housing? YES NO
 If YES, when? _____ to _____ Where? _____
 Indian housing: If yes when? _____ to _____ Where? _____

Do you owe money to an Indian Housing Authority? YES NO If yes, where? _____

Do you consider yourself homeless? YES NO If yes, what are you current living arrangements: _____

Are you about to be without housing? YES NO
 If yes, why and when: _____

Are you or have you ever been evicted in past 5 years? YES NO When: _____
 If YES, why? (Check all that apply) Housekeeping unacceptable
 Property Damage Unpaid balance Unauthorized person(s) residing in the home
 Inappropriate functions on property Other: _____

CURRENT RESIDENCE

LANDLORD INFORMATION:

Name: _____ Phone #: _____

Address: _____

How long have you been a tenant? _____ Monthly rent amount: _____ Monthly utility costs: _____

Name and Address of Utility companies:

Electric: _____

Gas: _____

Water & Sewer: _____

HOUSING CONDITIONS:

Do you have the following at your current residence?			
Running water	YES	NO	
Usable tub or shower	YES	NO	
Is the dwelling structure safe	YES	NO	
Safe drinking water	YES	NO	
Safe Electrical service	YES	NO	
			Proper cooking appliances YES NO
			Usable toilet YES NO
			Safe heating source YES NO
			Mold-free dwelling YES NO

Is your current dwelling overcrowded? YES NO
 If yes, how many bedrooms do you have? _____ How many bedrooms do you need? _____
 Please list other substandard conditions of your dwelling _____

PREVIOUS RESIDENCE (List information for last 3 years)

Address	Dates (To - From)	LANDLORD	
		Name	Phone #

MILITARY SERVICE

Are you or a household member currently serving? YES NO If yes, who: _____
Are you or a household member a Veteran? YES NO
If a Veteran, were you honorable discharged? YES NO Discharge Date: _____

DISABLED

Do you consider yourself or anyone in the household disabled and or handicapped? YES NO
If YES, why: _____

LEGAL

Have you ever been responsible for a mortgage/loan on a house or mobile home which resulted in foreclosure or judgment? YES NO If YES, please explain: _____

Has any household member ever been convicted of any crime other than traffic violations?

.....YES NO If YES, who: _____ When: _____ Where: _____

Conviction: (Check all that apply) Anything drug and/or substance abuse related Arson
 Crimes of violence toward person(s)/property Crimes of sexual nature Property Theft
 Harboring a fugitive Illegal possession of firearms Identity theft or fraud Prostitution

Do you or any household member have any current legal proceedings pending? YES NO
If YES, please explain: _____

Have you ever been awarded any federal contracts? YES NO

If YES, have you ever been placed on the federal suspension or debarment list? YES NO

Has any household member ever used any name(s) other than the one currently being used?

(This would include name from previous marriage or maiden name) YES 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:** _____

Please list your reason(s) for applying for this program: _____

HOUSEHOLD ASSET INFORMATION

Please disclose all assets on this form. This amount must include a total for all members of the Household including children.

YES	NO	ASSET DESCRIPTION	CURRENT VALUE
		Checking Account (6 month average balance) Bank name: _____ Acct#: _____	
		Savings Account (6 month average balance) Bank name: _____ Acct#: _____	
		Stocks	
		Capital Investment	
		Bonds	
		Trusts	
		Securities	
		Life Insurance Policy	
		401K	
		IRA/KEOGH Accounts	
		Certificate of deposit (CD), with term	
		Pension/retirement/annuity accounts (DO NOT include SNI)	
		Money Market funds	
		Treasury Bills	
		Safety Deposit Box	
		Lump sum payment (inheritance, insurance/legal settlement, lottery winnings, capital gains)	
		Are any accounts jointly held with someone not in the unit? Which accounts? _____ With whom? _____	
		Do you own a business?	
		Do you own a home or homes?	
		Other: _____	
		TOTAL ASSESTS:	

****Only include trusts, 401k, etc, if they are accessible to the household prior to the termination of employment, retirement or death. If you are unsure, list the account and it will be verified.****

CURRENT MONTHLY EXPENSE WORKSHEET

List all expenses you are responsible for paying within a month. Make sure to list the total and NOT a weekly amount in the worksheet.

EXPENSE	MONTHLY AMOUNT	EXPLANATORY NOTES IF ANY:
HOUSING		
Rent payment		
Garbage Fee		
Electricity		
Gas/Oil/Coal/Wood		
Water/Sewer		
Cellular/Phone cards/landline phone service		
Internet/Cable/Satelite		
Monthly home repairs		
FOOD		
Groceries		
Eating out		
School/Work lunches		
Paper products & Storage supplies		
VEHICLE(S)		
Car payments		
Gas		
Car repairs & maintenance		
Insurance		
Parking/Tolls		
Bus/taxi/subway		
CLOTHING/PERSONAL		
Clothing		
Shoes		
Work gear		
Laundry/Dry cleaning		
Hair-cuts/ Nail appointments		
Cosmetics/Toiletries		
Alcohol/Tobacco		
Diapers/Formula		
MEDICAL		
Health/Dental/Optical Insurance		
Co-Pays		
Uncovered Expenses (braces, contacts, etc)		
Medication (Prescription or OTC)		
Page 1 total:		

CURRENT MONTHLY EXPENSE WORKSHEET (pg.2)

EXPENSE	MONTHLY AMOUNT	EXPLANATORY NOTES IF ANY:
FINANCE		
Child Support/Alimony		
Check cashing & ATM fees		
Taxes		
SAVINGS		
Deposit(s)		
Investment(s)		
IRA/Retirement(s)		
Down payment(s)		
Christmas Club		
Other: _____		
DEBT		
Credit Card(s)		
Loan(s)		
Student Loan(s)		
Tax Lien		
Collections		
Profit & Loss account(s)		
Other: _____		
ENTERTAINMENT		
Dinner & Movie		
Movie rentals/Pay per view		
Books/Music		
Gambling		
Athletic events/Concerts		
Gym dues/Sports fees		
Pow Wows		
Crafts/Hobbies		
Other: _____		
OTHER		
School-age: Education & supplies		
College-age: Education & supplies		
Child care & related expenses		
Pets		
Charity/Religious donations		
Children's allowance		
Children's extracurricular activities		
Other: _____		
Page 2 total:		
TOTAL EXPENSES (PAGE 1 & 2)		

COMPLETE HOUSEHOLD FINANCES STATEMENT

HOUSEHOLD FINANCES	
Employment	
+ Other Income	
TOTAL INCOME	
- TOTAL EXPENSES	
REMAINING FUNDS	

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS WORKSHEET IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

APPLICANT(S) ACKNOWLEDGMENT

Once I have been approved and added to the waiting list, my application will remain active for one year (12months). I understand that if I do not properly update my information in 1 year, I will be removed from the waiting list.

_____ 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 _____

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 _____

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 _____

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal law and is grounds for termination of housing assistance and/or termination of tenancy under the Seneca Nation Housing Authority Program.

_____ Initials _____

PLEASE COPY THE FOLLOWING SENTENCE IN YOUR OWN HANDWRITING. THEN SIGN AND DATE IT.
I have reviewed the application and certify that the information I provided here is true and complete.

Signature: _____ Date: _____

Co-applicant:

PLEASE COPY THE FOLLOWING SENTENCE IN YOUR OWN HANDWRITING. THEN SIGN AND DATE IT.
I have reviewed the application and certify that the information I provided here is true and complete.

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: _____
 Address: _____ Date of Birth: _____
 _____ Phone #: _____

 Social Security #: _____
 Driver's License #: _____ State issued with: _____

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	
<p>Seneca Nation Housing Authority</p> <p>50 Iroquois Drive 44 Seneca Street Irving, NY 14081 Salamanca, NY 14779</p>	
AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING AUTHORITY AND MORTGAGE PROGRAM:	
<ul style="list-style-type: none"> • SNHA • SNIEDC • Child Care Providers • Retirement Systems • Courts: Tribal and Non-Tribal • Law Enforcement Agencies • Current & Previous Landlords 	<ul style="list-style-type: none"> • Any Seneca Nation Program • Current & Previous Employers • Utility Companies • Credit providers/ Bureaus • Social Security Administration • Support & Alimony Providers • Banks & Creditors

Applicant Signature: _____ Date: _____

**If there is a Co-Applicant applying PLEASE print or request another Release of Information Agreement (if the co-applicant DOES NOT sign the application will be considered incomplete, therefore ineligible for processing).*

DRUG FREE HOUSEHOLD STATEMENT

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

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

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

Signature: _____ Date: _____

Signature: _____ Date: _____

ALL PERSONS 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: _____