SENECA NATION HOUSING AUTHORITY
50 IROQUOIS DRIVE
IRVING, NY 14081
(716) 532-5000

44 SENECA STREET
SALAMANCA, NY 14779
(716) 945-1290

SNHA MOLD REMEDIATION APPLICATION AND GUIDELINES

The Seneca Nation Housing Authority wishes to provide financial assistance for mold remediation to any enrolled Seneca family 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 year's tax returns are acceptable).
4. Must be at or below the low-income guidelines, using HUD's 80% Median Income (*Income limits effective until further notice).

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

5. Deductions (if applicable)
   a. Family income may be reduced if you travel more than 100 miles per week for work. The maximum deduction is $1,300.00 per household.
   b. Provide proof of student enrollment status (college, high school) part-time or full-time. This is a potential deduction on household income.
   c. Child care expenses, not to exceed $1,200.000 per child.
6. 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.
7. This is a one-time assistance program only. Therefore, once you receive assistance, you and your household are not eligible for further assistance.
8. 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.

HEAD OF HOUSEHOLD INFORMATION

Name			
Co-Applicant			
Mailing Address			
Physical Address			
Home phone		**Cell Phone**	

FAMILY COMPOSITION

(List all persons who will live in the household)

	Name	Date of Birth	Enrolled Tribe
1			
2			
3			
4			
5			
6			
7			
8			
9			

HOUSEHOLD INCOME

(List income for ALL persons who will live in household; Including Self Employment)

Name	Employer Name and Address	Annual Gross Pay

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 a one-time only assistance program per household.

_____ I understand my home will be subject to inspections as scheduled by SNHA to determine the maintenance and upkeep of my home.

_____ I understand that I am responsible for maintaining the upkeep of remediated area.

_____ I understand the maximum remediation limit is $30,000.

_____ I understand that maintenance prevention of mold in my home is my responsibility whether I am approved or denied.

_____ 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	
	Driver ID
	Tribal ID
	Birth Certificates
	Social Security Card
	Last tax return if needed for custody
ALL household members 18+ yrs 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 applicant's name
	Proof of Childcare (billing statement)
	Statement signed by household member, if they drive more than 100 miles/wk 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 #: _____

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 AUTHROIZED TO REQUEST/RECEIVE INFORMATION	
Seneca Nation Housing Authority 50 Iroquois Drive Irving, NY 14081	 44 Seneca St Salamanca, NY 14779
AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING AUTHORITY:	
• SNHA	• Any Seneca Nation Program
• SNIEDC	• Current & Previous Employers
• Child Care Providers	• Utility Companies
• Retirement Systems	• Credit providers/ Bureaus
• Courts: Tribal and Non-Tribal	• Social Security Administration
• Law Enforcement Agencies	• Support & Alimony Providers
• Current & Previous Landlords	• Banks & Creditors

Applicant Signature: _____ Date: _____

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