Guidelines to Income Limits as of June 21, 2019

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 Please be informed that these income limits are in effect immediately (June 21, 2019) and will remain in effect until superseded.

**Income is a requirement!**

<table>
<thead>
<tr>
<th>Person(s)</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$42,280</td>
</tr>
<tr>
<td>2</td>
<td>$48,320</td>
</tr>
<tr>
<td>3</td>
<td>$54,360</td>
</tr>
<tr>
<td>4</td>
<td>$60,400</td>
</tr>
<tr>
<td>5</td>
<td>$65,232</td>
</tr>
<tr>
<td>6</td>
<td>$70,064</td>
</tr>
<tr>
<td>7</td>
<td>$74,896</td>
</tr>
<tr>
<td>8</td>
<td>$79,728</td>
</tr>
</tbody>
</table>

APPLICATION PROCEDURE: **ALL APPLICATIONS MUST BE TURNED IN WITH ALL FOUR DOCUMENTS LISTED UNDER #1 BELOW FOR ALL HOUSEHOLD MEMBERS LISTED ON APPLICATION.**

**APPLICATIONS WILL ONLY BE ACCEPTED WHEN COMPLETE!**

1. A) INCOME VERIFICATION  B) BIRTH CERTIFICATE  C) SS CARD  D) TRIBAL ID/CERT  E) DEED TO LAND (IF ANY)

2. The application will then be processed as income eligible or ineligible.
   a) Eligible applications are placed on a waiting list according to date received COMPLETE.
   b) Ineligible applications are placed in the ineligible file after 3 months, after that time must reapply with a new application.

3. Applicants are notified of their status within ten (10) business days. Notification is in written form.

4. **After one (1) year, you must update your information with a Household Composition Form and income verification, even if no changes occurred over the last.** Should you fail to update after one year, your application becomes inactive and removed from the Wait List.

5. Should a unit become available, tenant selection will be based on current wait list.

**REMINDER:**
The Housing Authority usually has a large waiting list for units, so please do not depend on getting a unit immediately. Instead look for other housing as well as filing your application with us. **Note to applicants: you can be on both the Cattaraugus and Allegany wait lists, please specify your choice.**
In order for application to be accepted the following documents **MUST** be submitted for all members of your household whom you have included on your application.

### Checklist

**The following 5 items are required at minimum for HB application to be accepted**

<table>
<thead>
<tr>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCOME (note: SNI Annuity, Disability, or Elders Benefits are not counted as income)</td>
</tr>
<tr>
<td>BIRTH CERTIFICATE</td>
</tr>
<tr>
<td>TRIBAL ID/SNI TRIBAL CERTIFICATION FORM</td>
</tr>
<tr>
<td>SOCIAL SECURITY CARD</td>
</tr>
<tr>
<td>DEED TO LAND (IF ANY)</td>
</tr>
</tbody>
</table>

**THE FOLLOWING CAN BE USED FOR VERIFICATION OF INCOME:**

<table>
<thead>
<tr>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four (4) Current Paystubs</td>
</tr>
<tr>
<td>Disability, Social Security, Social Services-cash only, Pension award letters, Retired Veterans Payments, Child Support Verification, any other income received.</td>
</tr>
<tr>
<td>Notarized statement of income from other source of income (if applicable)</td>
</tr>
<tr>
<td>Filed Federal Tax Return from past year</td>
</tr>
</tbody>
</table>

**THE FOLLOWING MUST BE SUBMITTED FOR VERIFICATION OF IDENTIFICATION:**

<table>
<thead>
<tr>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photo I.D. (Driver’s license, Tribal Enrollment Card, Passport) for all adults over 18</td>
</tr>
<tr>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Proof of Tribal Enrollment for all household members</td>
</tr>
<tr>
<td>Social Security Cards</td>
</tr>
</tbody>
</table>

**EXEMPTION VERIFICATION**

<table>
<thead>
<tr>
<th>ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition papers or letter from school system verifying fulltime enrollment</td>
</tr>
<tr>
<td>Childcare expenses, deduction up to $1300/year</td>
</tr>
<tr>
<td>Mileage deduction if travel exceeds 100 miles to and from work per week, deduction of $1300/yr.</td>
</tr>
<tr>
<td>ELDERLY ONLY- receipts for medical expenses out of pocket, must be over 3% of your income.</td>
</tr>
</tbody>
</table>

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 (excludes head or spouse)<br>Note: Foster Children can be listed on the lease but is excluded from the deduction
2. Childcare and Travel expenses = $1300 deduction allowed
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**
Specify wait list area: ___ Catt. ___ Alleg. ____ Both

### HEAD OF 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
(List all persons who will live in dwelling)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Social Security #</th>
<th>Enrolled Seneca?</th>
<th>If NO, which? Native or Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Head of Household</td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

Anticipated changes in family composition:

_______________________________________

_______________________________________

### HOUSEHOLD INCOME
(List income for ALL persons who will live in dwelling; Including Self Employment)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Employer Name and Address</th>
<th>Monthly Gross Pay</th>
<th>Annual Estimated Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Past 12 mo.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Next 12 mo.</td>
</tr>
</tbody>
</table>

### OTHER SOURCES OF INCOME
(SSI, Child Support, Alimony, Unemployment, Disability, Pension, Royalties, etc.)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Source and Address</th>
<th>Monthly Gross Amount</th>
<th>Annual Estimated Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Past 12 mo.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Next 12 mo.</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Do you have the following at your current residence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running water</td>
</tr>
<tr>
<td>Usable tub or shower</td>
</tr>
<tr>
<td>Is the dwelling structure safe</td>
</tr>
<tr>
<td>Safe drinking water</td>
</tr>
<tr>
<td>Safe Electrical service</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Address</th>
<th>Dates (To – From)</th>
<th>LANDLORD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone #</td>
</tr>
</tbody>
</table>

### 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: ________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
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 __________

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: ____________________________
Date of Birth: _______________________________  Phone #: _________________________
Mailing Address: __________________________________________________________________
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.

<table>
<thead>
<tr>
<th>AGENCY AUTHORIZED TO REQUEST/RECEIVE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seneca Nation Housing Authority</td>
</tr>
<tr>
<td>50 Iroquois Drive</td>
</tr>
<tr>
<td>Irving, NY 14081</td>
</tr>
<tr>
<td>44 Seneca Street</td>
</tr>
<tr>
<td>Salamanca, NY 14779</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING AUTHORITY AND MORTGAGE PROGRAM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• SNHA</td>
</tr>
<tr>
<td>• SNIEDC</td>
</tr>
<tr>
<td>• Child Care Providers</td>
</tr>
<tr>
<td>• Retirement Systems</td>
</tr>
<tr>
<td>• Courts: Tribal and Non-Tribal</td>
</tr>
<tr>
<td>• Law Enforcement Agencies</td>
</tr>
<tr>
<td>• Current &amp; Previous Landlords</td>
</tr>
</tbody>
</table>

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).*
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 I 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: __________

Please note: The SNHA “Rental Drug & Alcohol Policy” was passed in February 2017 by SNI Tribal Council, warrants a background check can be conducted on individuals to assure compliance with Section IV. Ineligibility for Admission. Drug Testing can be conducted in/on SNHA Property/rental units/tenants.
Authorization to Release Information

I/We have applied for a mortgage loan from Seneca Nation Mortgage Program (SNMP). As part of the application process, SNMP may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

I/We authorize you to provide SNMP all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.

A copy of this authorization may be accepted as an original.

Your prompt reply to SNMP is appreciated.

Furthermore, I/We grant SNMP permission to release information necessary in assisting me in obtaining other services for which I may be eligible.

This release of information is good for one year from the date signed.

Borrower: ___________________________ Date: _______________

Co-Borrower: _________________________ Date: _______________