RENTAL ASSISTANCE APPLICATION AND POLICY

Guidelines to Income Limits as of July 30, 2020

<table>
<thead>
<tr>
<th>Person(s)</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$43,960</td>
</tr>
<tr>
<td>2</td>
<td>$50,240</td>
</tr>
<tr>
<td>3</td>
<td>$56,250</td>
</tr>
<tr>
<td>4</td>
<td>$62,800</td>
</tr>
<tr>
<td>5</td>
<td>$67,824</td>
</tr>
<tr>
<td>6</td>
<td>$72,848</td>
</tr>
<tr>
<td>7</td>
<td>$77,872</td>
</tr>
<tr>
<td>8</td>
<td>$82,896</td>
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</tbody>
</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.

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 tax returns are acceptable).
4. Must be below the low-income guidelines, using HUD’s 80% Median Income

APPLICATION PROCEDURE:

1. Fill out application and submit all required documents listed on the checklist on the next page. Applications are INCOMPLETE and cannot be submitted if missing the following:
   a) Application b) Verification of Income c) Release forms

2. Applications will be accepted and date-stamped as received until they are deemed complete by the Tenant Manager.
3. It will then be determined if the application is eligible or ineligible.
   a) Eligible applications are processed.
   b) Ineligible applications are placed in the ineligible file.

4. Applicants are notified of their status within five (5) business days. Notification is in written form.

**REMEMBER:**
Please read and answer every question on the application and sign and date. Bring in all required documents. Copies will be made.

**CHECKLIST:**
- Application must be COMPLETELY filled out with appropriate pages signed and dated
- Release of Information Agreement
- Drug Free Household Statement
- Documentation of Disability Status (if applicable)
- Current Utility bill(s)

**VERIFICATION OF INCOME:**
- Filed Federal Tax Return from the past year (form 1040 filed with IRS)
- Eight (8) current pay stubs (actual not Payroll Summary)
- Disability, Social Security, Social Services, Insurance payment, pension award letters (if applicable)
- Notarized statement of income from other source of income (if applicable)
- Adult household member Certification of Zero Income (if applicable) (SNHA Form)

**IDENTIFICATION:**
(Copies of the following MUST be provided for EVERYONE 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

**EXEMPTION VERIFICATION:**
- 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 are as follows:*
1. $480.00 per dependent less than 18 years, or full-time student.
2. Childcare expenses (baby-sitting cost).
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.

HEAD OF HOUSEHOLD INFORMATION:
Name of applicant (HOH):

Applicant's Physical Address:

Applicant's Mailing Address:

Applicant's Main Phone:

Applicant's 2nd Phone:

Co-Applicant (if applicable) Name:

APPLICANTS FAMILY COMPOSITION:

<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></td>
<td></td>
<td>M / F</td>
<td></td>
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<td>3</td>
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<td>M / F</td>
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</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 Past 12 months</th>
<th>Annual Estimated Income Next 12 months</th>
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</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>
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</table>

**RENTAL INFORMATION:**

Do you live in Public Housing? YES or NO

If yes, when? _____ to _____ Where: __________________________

Indian housing: If yes, when? _____ to _____ Where? __________________________

Do you owe money to an Indian Housing Authority? YES or NO

If yes, where? ____________________________________________

Do you consider yourself homeless? YES or NO

If yes, what are your current living arrangements: __________________________

Are you about to be without housing? YES or NO

If yes, why and when? ________________________________________

**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>
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<th>Do you have the following at your current residence?</th>
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<tr>
<td>Running Water</td>
</tr>
<tr>
<td>Usable tub or shower</td>
</tr>
<tr>
<td>Safe drinking water</td>
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<tr>
<td>Safe Electrical service</td>
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</tbody>
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**LEGAL:**

- Has any household member ever been convicted of any crime other than traffic violations? YES or NO If yes, Who: __________________________ When: __________________________

  - Where: __________________________

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

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

__________________________________________________________________________

Have you ever been awarded any federal contracts:  YES or  NO  
If yes, have you ever been placed on the federal suspension or debarment list?  YES or  NO

Has any household member ever used any names(s) other than the one currently being used? (This would include name from previous marriage or maiden name)  YES or  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: ______________

APPLICANT(S) ACKNOWLEDGMENT:

The applicant must provide the most recent utility bill as proof of residence. The bill must be in the applicants name at the address for which they are applying for assistance. (unless it is included in the rent payment. In this case it will be verified by a SNHA staff member by contacting the landlord).

o Initials ______

Prior to the execution of the contract for assistance payment by the SNHA to the owner on behalf of the family, the owner must agree to the following obligations in the program and must sign a statement that they are willing to adhere to these obligations can be approved. (Rental Assistant Agreement is provided by the SNHA between the SNHA and the Landlord). (Attachment to the application).

o Initials ______

This is a one-time assistance program only. Therefore, once you receive assistance, you and your household are not eligible for further assistance for this particular program.

o Initials ______
The applicant/head of household must sign the 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.
  o Initials _____

I understand that this assistance is for one year only.
  o Initials _____

I understand the subsidy is not to exceed $300.00.
  o Initials _____

I understand eligibility will be for those applicants on the SNHA waiting list.
  o 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.
  o 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.
  o Initials _____

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal law and is grounds for termination of housing assistance.
  o Initials _____

I HAVE REVIEWED THE APPLICATION AND CERTIFY THAT THE INFORMATION I PROVIDED HERE IS TRUE AND COMPLETE.

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 SNHA FOR ANY AMOUNT RECEIVED UNDER THE AGREEMENT.

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 #: ___________________________

I hereby authorize confidential information to be release 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
• 50 Iroquois Drive, Irving, NY 14081
• 44 Seneca Street, Salamanca, NY 14779

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENeca NATION HOUSING AUTHORITY PROGRAM:

• SNHA
• Child Care Providers
• Courts: Tribal and Non-Tribal
• Law Enforcement Agencies
• Current & Previous Landlords
• Current & Previous Employers
• Utility Companies
• Social Security Administration
• Support & Alimony Providers

APPLICANT SIGNATURE: ___________________________ DATE: __________

"Co-Applicant must also sign a ‘Release of Information Agreement’"