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>
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<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>
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<tr>
<td>4</td>
<td>$62,800</td>
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<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>
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<td>$82,896</td>
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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.

**REMINDER:**
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
- Rental Lease
- 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)
- Unemployment Benefits Award/Statement, 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 EVERONE 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 or billing statement if parent(s) work or attend school
- Mileage deduction: Statement signed by household member 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>
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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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</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>
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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:

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<tr>
<th>Do you have the following at your current residence?</th>
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<tr>
<td>Running Water</td>
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<tr>
<td>Usable tub or shower</td>
</tr>
<tr>
<td>Inside dwelling structure safe</td>
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<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:

   o Has any household member ever been convicted of any crime other than traffic violations? YES or NO If yes, Who: ____________________________ When:
     o Where: ____________________________
   o Conviction: (Check all that apply)
   o Anything drug and/or substance abuse related?
   o Arson
o Crimes of violence toward person(s)/property
o 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 COMPLET 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 applicant’s 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 contact 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'"
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.

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• 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’*
RENTAL ASSISTANCE AGREEMENT
SNHA / LANDLORD

LANDLORD NAME: __________________________ Phone: __________________________
ADDRESS: __________________________________________

TENANT NAME: __________________________
TENANT ADDRESS: __________________________________________

This Rental Assistance Agreement is entered into between the Seneca Nation Housing Authority (SNHA) and the Landlord identified above. This agreement applies only to the tenant family and the dwelling unit identified above.

1. TERM OF THE AGREEMENT
The term of this shall begin on ____________ and end no later than ____________.

The agreement automatically terminates on the last day of the term of the Lease.

The Landlord shall immediately notify the SNHA when the Tenant has moved from the unit.

2. RENT AND AMOUNTS PAYABLE BY TENANT AND SNHA
Initial Rent. The initial total monthly rent payable to the Landlord for the three months of this agreement is $ ____________.

Tenant Share of the Rent. Initially, and until such time as both the Landlord and the Tenant are notified by the SNHA, the Tenant’s share of the rent shall be $ ____________.

SNHA Share of the Rent. Initially, and until such time as both the Landlord and the Tenant are notified by the SNHA, the SNHA share of the rent shall be $ ____________.

Neither the SNHA nor HUD assumes any obligation for the Tenants rent, or for payment of any claim by the owner against the Tenant. The SNHA obligation is limited to making emergency rental payments on behalf of the Tenant in accordance with this agreement.

Payment Conditions. The right of the owner to receive payments under this agreement shall be subject to compliance with all of the provisions of the agreement. The Landlord shall be paid under this agreement on or about the first day of the month for which the payment is due. The Landlord agrees that the endorsement on the check shall be conclusive evidence that the Landlord received the full amount due for the month, and shall be a certification that:

1. The unit is in decent, safe and sanitary condition, and that the Landlord is providing the services, maintenance and utilities agreed to in the Lease.
2. The unit is leased to and occupied by the Tenant named above in this agreement.
3. The Landlord has not received and will not receive any payments as rent for the unit other than those identified in this agreement. (Not before March 13, 2020, the date of the emergency declaration pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 519(b).

4. To the best of the Landlord’s knowledge, the unit is used solely as the Tenant’s principal place of residence.
Overpayments. If the SNHA determines that the Landlord is not entitled to any payments received, in addition to other remedies, the SNHA may deduct the amount of the overpayment from any amounts due the Landlord, including the amounts due under any other Rental Assistance Agreements.

3. TERMINATION OF TENANCY
The Landlord may evict the Tenant following applicable state and local laws. The Landlord must give the Tenant at least 30 days' written notice of the termination and notify the SNHA in writing when eviction proceedings are begun. This may be done by providing the SNHA with a copy of the required notice to the tenant.

4. RIGHTS OF SNHA IF LANDLORD BREACHES THE AGREEMENT
Any of the following shall constitute a breach of the agreement:
   1. If the Landlord has violated any obligation under this agreement; or
   2. If the Landlord has demonstrated any intention to violate any obligation under this agreement.
   3. If the Landlord has committed any fraud or made any false statement in connection with the agreement, or has committed fraud or made any false statement in connection with any Federal Housing Assistance Program.

If the SNHA determines that a breach occurred, the SNHA shall notify the Landlord in writing of such determination, including a brief statement of the reasons for the determination.

Nothing in this agreement shall be construed as creating any right of the Tenant or a third party to enforce any provision of the agreement or to assess any claim against HUD, the SNHA or the Landlord, under this agreement.

5. TRANSFER OF THE CONTRACT
The Landlord shall not transfer in any form this agreement without the prior written consent of the SNHA. The SNHA shall give its consent to a transfer if the transferee agrees in writing (in a form acceptable to the SNHA) to comply with all terms and conditions of this agreement.

6. ENTIRE AGREEMENT: INTERPRETATION
This Contract contains the entire agreement between the Landlord and the SNHA. No changes in this agreement shall be made except in writing signed by both the Landlord and the SNHA.

The party, if any, executing this agreement on behalf of the Landlord hereby warrants that authorization has been given by the Landlord to execute it on behalf of the Landlord.

Owner/Landlord Name (Type or Print) ___________________________________________________________________________
Owner/Landlord Signature/Date ___________________________________________________________________________

Seneca Nation Housing Authority (Type or Print) ___________________________________________________________________________
SNHA Signature/Date ___________________________________________________________________________

Owner/Landlord’s check to be mailed to:

Name: ___________________________________________________________________________

Address: ___________________________________________________________________________
RENTAL ASSISTANCE POLICY

POLICY STATEMENT

The governing body of the Seneca Nation Housing Authority (SNHA) recognizes the need to develop a program that provides assistance to low income nation members whose needs cannot be met through the existing housing programs. This program is created to supplement existing housing stock by providing rental assistance to eligible families. The SNHA will implement the Rental Assistance Program in a manner consistent with the overall mission of the SNHA.

A Definitions

A. Adjusted Gross Income. The term 'adjusted gross income' means the annual income as defined for purposes of reporting under the Internal Revenue Service and that remains after excluding the following amounts:

1. YOUTHS, STUDENTS, AND PERSONS WITH DISABILITIES- $480 for each member of the family residing in the household (other than the head of the household or the spouse of the head of household).
   a. Who is under 18 years of age; or
   b. Who is 18 years of age or older and a person with disabilities or a full-time student.

2. ELDERLY AND DISABLED FAMILIES- $400 for an elderly or disabled family.

3. MEDICAL AND ATTENDANT EXPENSES- the amount by which 3% of the annual income of the family is exceeded by the aggregate of:
   a. Medical expenses, in the case of an elderly or disabled family; and
   b. Reasonable attendant care and auxiliary apparatus expenses for each family member who is a person with disabilities, to the extent necessary to enable any member of the family (including a member who is a person with disabilities) to be employed.

4. CHILD CARE EXPENSES- child care expenses for the care of children under the age of 13 to the extent necessary to enable another member of the family to be employed or to further his or her education.

5. EARNED INCOME OF MINORS- the amount of any earned income of any member of the family who is less than 18 years of age.
6. TRAVEL EXPENSES- excessive travel expenses, not to exceed $25 per family per week for employment or education related travel.

B. **Annual Income.** The applicant's *annual income* will be determined by estimating the anticipated total income from all sources to be received by the head, spouse, partner, and additional members of the household.

C. **Drug Related Criminal Activity.** The term *drug related criminal activity* means the illegal manufacture, sale, distribution, use, or possession with the intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in CFR Title 24, Subtitle A, Part 5 §5.100) and the SNHA Renter's Drug and Alcohol Policy.

D. **Elderly Families.** The term *elderly family* means a family whose head (or his or her spouse), or whose sole member, is an elderly person, respectively. Such terms include two or more elderly persons living together, and one or more such persons living with one or more persons determined by the SNHA to be essential to their care or wellbeing.

E. **Elderly Person.** The term *elderly person* means a person who is at least 60 years of age.

F. **Near Elderly Families.** The term *near elderly person* means a person who is at least 55 years of age.

G. **Family.** Family is defined as a family with or without children, an elderly family, a disabled family, and a single person.

H. **Full Time Student.** A person who is enrolled in a certified educational institution, such as a vocational school with a certificate or diploma program or an institution offering a college degree, and is carrying a subject load that is considered full-time for students under the standards and practices of the institution attended.

I. **HUD.** The U.S Department of Housing and Urban Development.

J. **Native.** Any person recognized as being Native or Alaskan native by a federally recognized government.

K. **Territory (Native Area).** The term *Territory* means the area within which the nation operates affordable housing programs or the area in which the TDHE is authorized by one of more nations to operate affordable housing programs.

L. **Native Nation.**

1. The term *Native Nation* means a band or nation that is federally recognized or state recognized.

2. The term *federally recognized nation* means any band, nation, or other organized group or community of members/Natives, including any Alaska Native village or regional
or village corporation as defined in or established pursuant to the Alaska Native claims settlement act, that is recognized as eligible for the special programs and services provided by the United States to Natives because of their status as natives pursuant to the Indian Self-Determination and Education Assistance Act of 1975.

2. The term ‘State recognized tribe’ means any tribe, band, nation, pueblo, village, or community that has been recognized as an Indian Nation by an State and for which an Indian Housing has, before the effective date under section 705 of NAHASDA, entered into a contract with HUD pursuant to the United States Housing Act of 1937 for housing for Indian families and has received funding pursuant to such contract within the 5-year period ending upon such effective date.

M. **Low Income Family.** The term ‘low income family’ means a family whose income does not exceed 80% of the median income for the area, as determined by HUD with adjustments for smaller and larger families.

N. **Median income.** The term ‘median income’ means the greater of: the median income for the SNHA Native Area, which the Secretary shall determine;

O. **NAHASDA.** The Native American Housing Assistance and Self-Determination Act passed by the U.S congress in 1996.

P. **Payment Assistance.**

1. The factor used to determine the amount of assistance to be paid to the owner on behalf of the participant.
   a. Annual income of family.
   b. Fair market rent of counties in the SNHA service areas as determined by HUD. The fair market rent figures for each respective county shall be attached as appendices to this policy and shall be updated when published by HUD.

2. SNHA will provide a subsidy not to exceed $300.00.

Q. **Persons with disabilities.** The term ‘persons with disabilities’ means a person who has a disability as defined in Section 223 of the Social Security Act.

2. **General Information**

   a. **Eligibility & Admission**

      1. The eligibility for assistance will be for those applicants currently on the SNHA waiting list.

      2. Applications received from any family or person(s) not meeting the established criteria can be assisted in seeking assistance from other agencies.

      3. Applicants who owe SNHA money are not eligible to receive assistance.
4. Applicants who have been previously terminated or evicted from any programs administered by SNHA are not eligible to receive assistance.

5. A participant may not receive rental assistance while receiving the benefit of any other form of housing subsidy for the same dwelling unit.

b. **Term**

1. Rental assistance will be provided for one (1) year.
2. Elderly Families may be provided rental assistance for as long as they comply with the terms of this program.

3. **Leases - Approval**

   A. All lease terms must be for a term of one year.

   B. SNHA will provide the participant and owner a copy of all applicable policies.

   C. Upon receipt of the proposed lease, the SNHA will review it and determine if there are any unlawful provisions in the lease and that all the necessary provisions as defined in Section 207 of NAHASDA are included.

   D. If any unlawful provisions are found, the SNHA will require the owner to strike them. If the owner is not willing to strike them, the lease will not be approved for program eligibility.

   E. If there is any necessary information missing from the lease in accordance with NAHASDA, the Seneca Nation Housing Authority (SNHA) will require the owner to put these items in writing as an addendum to the lease. If the owner refuses to add the necessary lease information to the lease, the lease will not be approved for program eligibility.

   F. If the lease covers all necessary provisions required and is determined to have no unlawful provisions, the Seneca Nation Housing Authority (SNHA) will accept the lease.

   G. The SNHA is not a party to the lease and assumes no responsibility in its enforcement.

   H. If the owner of the property is related to the applicant the request for assistance may be denied.

4. **Payments – Execution of Agreements**

   A. The SNHA will sign a contract with the owner for the assistance payment amount showing the effective date of payments and the amount of the monthly payment.
B. The assistance payment will be made on or before the first day of each month. The participant is not responsible for the approved assistance payment made by the SNHA.
C. Participants will follow the SNHA Rental Drug and Alcohol Policy.

5. Obligations

A. Participant Obligations

1. When the participant’s lease is approved, the participant must sign an agreement to fulfill and abide by the required obligations for participation in the program as shown below. Any breach of the participant obligations is grounds for termination of assistance.

2. The family must:
   a. Supply the SNHA with any information that the SNHA determines to be necessary.
   b. Notify the SNHA in writing at least 30 days prior to moving out of the unit or terminating the lease.
   c. Use the assisted unit for residence by the family only. The unit must be the family’s only residence.
   d. Provide SNHA a copy of any owner eviction notice, or notice of lease termination.
   e. Pay all portions of the rent the participant is responsible for (if any).

3. The family must not:
   A. Own or have any interest in the unit.
   B. Commit any serious or repeated violation of the lease.
   C. Commit fraud, bribery or any other corrupt criminal act in connection with the program.
   D. Participate in illegal drug activity or violent criminal activity in accordance with SNHA policies.
   E. Sublease or let the unit or assign the lease or transfer the unit.
   F. Receive any other housing subsidy for the same unit or a different unit from any state, federal or local housing program.

B. Owner Obligations
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 before assistance can be approved.

1. The owner is responsible for conducting background checks and contacting references to determine the participant suitability as a renter. The SNHA does not screen the tenants.

2. The owner is responsible for compliance issues concerning any and all conditions of the lease.

3. The owner is responsible for providing the SNHA with a copy of any eviction or lease termination.

4. The owner must notify the SNHA if any participant vacates a unit.

5. The owner must provide the SNHA with a copy, for approval, of any changes to the lease during the tenancy of a participant of this program.

C. SNHA Obligations

1. The SNHA is responsible for payment of the assistance amount to the owner each month by the first of each month.

2. The SNHA is responsible for conducting a visual inspection prior to approval of the unit.

3. The SNHA is responsible for conducting the initial income verification to determine eligibility and conducting re-certifications for continued eligibility of participants periodically.

4. The SNHA is responsible for providing notice to the landlord and participant if assistance amounts change or cease.

5. Family members who are forced to leave as a result of violence will retain the assistance.

6. Termination of assistance by the SNHA

1. Any violation of participant obligations.

2. Illegal drug activity (violation of any provisions of SNHA Rental Drug & Alcohol Policy) or violent crime activity.

3. Failure of participant to sign and submit verification documents.

4. If the family moves out of the unit.
5. If the owner fails to maintain unit in accordance with HQS standards.

6. If available program funding can no longer support continued assistance for the families.