



Seneca Nation Housing Department

Received Date:

OAK TREE & 44 SENECA APPLICATION

Low Income Housing Guidelines as of June 11, 2026

Cattaraugus Territory
50 Iroquois Drive
Irving, NY 14081
Phone: (716) 532-5000
Fax: (716) 532-3892

Person(s)	Income Limit
1	\$59,850
2	\$68,400
3	\$76,950
4	\$85,450
5	\$92,300
6	\$99,150
7	\$106,000
8	\$112,800

Allegany Territory
44 Seneca Street
Salamanca, NY 14779
Phone: (716) 945-1290
Fax: (716) 945-5910

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 cannot offer admission to our program. Please be informed that these income limits are in effect immediately (July 6, 2023) and will remain in effect until superseded.

INCOME IS A REQUIREMENT

APPLICATION PROCEDURE:

- Fill out application and submit ALL required documents listed on the checklist. Application are incomplete and cannot be submitted if missing ALL required documents and form.
- Application will NOT be accepted and date-stamped as received until they are deemed complete by the Tenant Manager.
- Once complete, it will then be determined if the application is eligible or ineligible.
- Eligible applications are placed on a waiting list and separated according to size unit.
- Ineligible applications are placed in the ineligible file
- Applicants are notified of their status within ten (10) business days. Notification is in written form.
- You must update your information annually in order to remain active and on the waiting list. Updates include change of contact information, family composition, etc.
- Application are moved to the inactive file after one (1) year of inactivity and removed from the waiting list.
- When a unit becomes available, the applicant next on the list will be notified. If interested, the applicant must submit current income, family composition and exemption verification. Then the rental rate will be computed.
- Should a unit become available, tenant selection will be based on current wait list.

REMINDER: Read and answer every question, sign and date. Bring in all required documents. Copies can be made. Also, the Housing Department has a large waiting list for units. Units are not available immediately. Instead, look for alternate housing as well as filling out your application with us. Note: Applicants can be on both the Cattaraugus and Allegany wait lists, please specify your choice(s). 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	
	Health Authorization Form completed by your Doctor to determine ability to live independently.
	Release of Information (co-applicant and/or 18+ years of age and part of the household)
	Drug Free Household Statement
	Documentation of Disability (if applicable)
	Current Utility Bill (for proof of residence and capability to have utilities in your name).
THE FOLLOWING CAN BE USED FOR VERIFICATION OF INCOME:	
	Filed Federal Tax Return from past year
	Four (4) current pay stubs
	Disability, Social Security Form/Award Letter, OMB No.0960-0566 and/or Disability From/Award Letter from Social Services, Insurance Payment, Pension Award Letter
	Notarized Statement of Income from other sources, any other income received
THE FOLLOWING MUST BE SUBMITTED FOR VERIFICATION OF IDENTIFICATION:	
	Photo I.D. (Driver's license, Tribal Enrollment Card, Passport) for all adults over 18
	Birth Certificate
	Proof of Tribal Enrollment for all household members (Enrollment Certificate or Tribal ID)
	Social Security Cards
EXEMPTION VERIFICATION	
	Tuition papers or letter from school system verifying fulltime enrollment
	Receipts from 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 (babysitting 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 CEILING RENT AMOUNTS.

HEAD OF HOUSEHOLD INFORMATION

Name	
Physical Address	
Mailing Address	
Main Phone #	
2nd 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		Y N	
2				M F		Y N	
3				M F		Y N	
4				M F		Y N	
5				M F		Y N	
6				M F		Y N	
7				M F		Y N	
8				M F		Y N	

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	Proper cooking appliances	YES	NO
Usable tub or shower	YES	NO	Usable toilet	YES	NO
Is the dwelling structure safe	YES	NO	Safe heating source	YES	NO
Safe drinking water	YES	NO	Mold-free dwelling	YES	NO
Safe Electrical service	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: _____

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 (annually), I will be removed from the waiting list.

_____ Initials _____ 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 _____ 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 _____ 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 _____ 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 Program.

_____ Initials _____ initials

I have reviewed the application and certify that the information I provided here is true and complete.

Signature: _____

Date: _____

Signature Co-applicant: _____

Date: _____

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.

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.

AGENCY AUTHORIZED TO REQUEST/RECEIVE INFORMATION

Seneca Nation Housing
50 Iroquois Drive
Irving, NY 14081

44 Seneca Street
Salamanca, NY 14779

AGENCIES AUTHORIZED TO RELEASE INFORMATION TO SENECA NATION HOUSING DEPARTMENT AND MORTGAGE PROGRAM:

- | | |
|---------------------------------|----------------------------------|
| • Seneca Nation Health System | • 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: _____

INSERT HEALTH AUTHORIZATION FORM HERE.....