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HOMEOWNER ASSISTANCE FUND PROGRAM (HAF)

Seneca-Cayuga Nation received funds from the United States Treasury Department under the American Rescue Plan Act. The program is designed to assist low-income and moderate-income Native American households/families with emergency homeowner and housing related assistance. Assistance may include monthly mortgage payments, mortgage arrearage, utility charges, utility arrearage, property costs such as insurance, taxes, title issues but **DOES NOT** include rental assistance, household goods or luxury items. The HAF program is available for Seneca-Cayuga Nation members whose property is located within the Seneca-Cayuga Nation's former reservation boundary or any Seneca-Cayuga Nation member residing within a 50-mile radius of the Grove Tribal complex.

This program provides assistance of **up to a maximum amount of \$2,500 total per applicant household**. Various types of assistance have restrictions and maximum funding limits, but an applicant may receive more than one type of assistance but not in excess of the \$2,500 max cap. This funding is provided through the U.S. Treasury and is only to be provided during the COVID-19 pandemic emergency and is provided on an urgent basis to eligible applicants. This assistance can only be provided to those families who have not yet received any similar assistance from other HAF programs. The Seneca-Cayuga Nation housing department reserves the right to recapture or award a lesser amount in such cases.

This program has special eligibility requirements listed as follows: **1) The household/applicant must be a homeowner and the funds shall only be used on the applicant's principal/primary residence. 2) The Seneca-Cayuga Nation Housing Department must determine that one (1) or more household members has experienced a financial hardship after January 21, 2020, as a result of the COVID-19 pandemic, such as reduction in income, incurred significant costs or increased costs, or experienced other financial hardship, directly or indirectly due to COVID-19. 3) The applicant must attest to the presence or occurrence of a financial hardship. 4) And the applicant household must have an annual income at or below 150% of the area median income or 100% of the national median income, whichever is greater.**

The Seneca-Cayuga Nation housing department reserves the right to make-a-determination of an applicant's eligibility based upon the application and documentation provided. The housing department reserves the right to modify the actual amount or type of assistance awarded based upon the documentation submitted and/or obtained. The information included with these instructions is not all inclusive and the housing department shall make all awards in accordance with the adopted HAF Policy.

THE FOLLOWING ITEMS ARE REQUIRED: THIS IS NOT OPTIONAL

*******THIS IS NOT A REMIMBURSEMENT PROGRAM*******

**COMPLETE IN BLACK OR BLUE INK ONLY
IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ALL ELIGIBILITY
REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.**

1. Completed application. It is the **APPLICANTS** responsibility to make sure ALL requested documents are included with the application. If the application is not complete, it **will be returned.** **MUST INCLUDE ALL REQUIRED DOCUMENTATION**
2. Copy of Tribal Membership Cards for ALL members living in the household.
3. Copy of Social Security Cards for ALL members living in the household.
4. If you are not Tribal Affiliated, then will need identification for everyone listed on the application. Driver's license or State identification card.
5. ALL household income must be verified for all members over the age of 18. A statement from the employer on company letterhead stating your earnings or the Employment Verification form attached. This also includes unearned income such as Social Security, AFDC, V.A., Social Security SSI, Previous Year Tax Forms, etc. You can submit the most recent year's award letter as verification for these. If one is unemployed, you must sign the Declaration of No (Zero) Income paper that is with this application.
6. Court documents or documents showing primary custody, guardianship documents for guardians of children. (if applicable)
7. Applicants name must be on the bill/statement:
 - Copy of Current Mortgage statement from your mortgage company.
 - Copy of Warranty Deed.
 - Copies of Current utility bills, of applicable. **A current copy of each utility bill must be submitted every month for payment.**
 - Copy of Current Internet bill, if applicable.
 - Documentation of current insurance, insurance statement of premium due or quotes, property tax statement, and/or documentation of title resolution issue, if applicable.
8. W-9 form/completed by vendor.

FY 2022 HAF Income Limits Summary for Ottawa County, OK								
	1- Person	2- Person	3- Person	4- Person	5-Person	6-Person	7-Person	8-Person
Greater of 100% AMI or 100% U.S. Median Income	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
Greater of 150% AMI or 100% of U.S. Median Income	\$90,000	\$90,000	\$90,000	\$97,050	\$104,850	\$112,600	\$120,350	\$128,150

**Seneca-Cayuga Nation
HOMEOWNER ASSISTANCE
FUND PROGRAM (HAF) Application**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address if different from above: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email Address: _____

Emergency Contact Name: _____ Phone#: _____

Address: _____

What types of assistance are you requesting? Check the applicable box(es) and provide name, address, & Phone # of company for which payment will be directed. Please number beside each category of what you are wanting to be paid in order if available. *Please note: Maximum amount of assistance allowed per household is \$2,500.

___ Mortgage Payment – Please enter the monthly payment amount: _____

○ Mortgage information: _____

___ Mortgage Arrearage – Please enter the total amount past due: _____

___ Utility Payment – Please enter the current monthly charge: _____

○ Utility Company information: _____

___ Utility Arrearage – Please enter the total amount past due: _____

___ Internet Payment – Please enter the current monthly charge: _____

○ Internet Company information: _____

___ Internet Arrearage – Please enter the total amount past due: _____

___ Property Taxes – Please enter the total amount due: _____

○ Property Tax information: _____

___ Property Taxes Arrearage – Please enter the total amount due: _____

___ Insurance Costs – Please enter the premium amount due: _____

○ Insurance Company information: _____

What is the “**LEGAL DESCRIPTION**” or “**ADDRESS**” to your home? You should be able to obtain the legal description from the deed and/or tax records. The housing department needs this info to determine the true ownership of the dwelling unit.

HOUSEHOLD COMPOSITION:

Complete the information below for each member who will be living with you.

Name of all Members:(Last, First, MI)	Relationship To Head	Sex M/F	Date of Birth	Native Y/N	List Tribe	Social Security Number

******If you need additional space to list your family members, please use a separate sheet of paper and attach it to this application.**

Are you or any member of your family handicapped or disabled? _____Please state Disability:

Are you or any member of your family a Veteran? (Circle One) Yes/No

Prior Assistance:

Have you ever been assisted through the Housing Program or any other Programs? Yes_____No_____

If yes when?

HOUSEHOLD INCOME:

A. Family Income Verification:

List all income for every member of the household over 18 years old. Please List income in A, B, or complete C if there is no income below for each person living in your home (18 years or over). Please enter N/A over those sections that do not apply.

Household Member(s)	Employer Name	Address	Rate Per Hour	Rate Per Week	Total Per Year
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

B. Other Income:

Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for any other regular source of income. Please do not list Stimulus payments or income that cannot be anticipated with certainty.

(B)	Source	Rate Per Month	Total Per Year
1.	TANF	\$	\$
2.	Social Security/SSI	\$	\$
3.	Child Support	\$	\$
4.	Unemployment	\$	\$
5.	Pensions	\$	\$
6.	Leases	\$	\$
7.	Own Business	\$	\$
8.	Other	\$	\$

C. No Income:

For those household members (18 years and above) who do not have any source of income; please list then fill out the no income statement form.

I hereby certify that I have no (zero) income as of the date identified below:

(C)	Household Members Name
1.	_____
2.	_____
3.	_____
4.	_____

1. Statement and Attestation of the Applicant: Please read the following statements and mark any or all that are applicable. Eligibility requires the applicant to be able to attest to the following statements. These statements are a part of the eligibility requirements that have been set forth by the U.S. Department of the Treasury. **As the head of household and primary applicant, I attest that:**

A. _____ **YES**, I am a homeowner and the home listed on the application is my primary residence.

B. _____ **YES**, the household/applicant has one or more household members that have experienced a financial hardship after January 21, 2020, **Note: Examples may include but are not limited to a reduction in income, incurred significant costs, or experienced financial hardship caused directly or indirectly by the COVID-19 pandemic.**

C. _____ **NO**, applicant or household member has not received any duplicative assistance covering the same costs/expenses identified in this application, from the SCN or any other Tribe or entity.

2. Signature and Consent to Release Information:

I understand that this application is not a contract and is not binding in any manner. I/We authorize the Housing Department of the Seneca-Cayuga Nation to verify all information provided on this application. I/We understand that false statements or information are grounds for termination of Housing Assistance. I/We give permission to use the information provided on this form for purposes of research, evaluation, and analysis of the program. I understand that I may be fined, imprisoned or both under state and federal law if I make a false statement(s) on this application in order to get benefits I am not entitled to receive.

Signature of Applicant/Head: _____ Date: _____

Signature of Co-Applicant (If Applicable): _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Seneca-Cayuga Nation Housing Department any information or materials needed to complete and verify my application for participation under Housing department U.S. Treasury funded HAF program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of the Treasury in administering and enforcing program rules and policies.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both.

Who Must Sign the Consent Form: Persons who apply for or receive assistance under any of the Seneca-Cayuga Nation Housing Department programs, must complete this form. Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification inquiries that may be requested but are not limited to:

IDENTINTY AND MARITAL STATUS EMPLOYMENT, INCOME, ASSETS RESIDENCES AND RENTAL ACTIVITY PROPERTY OWNERSHIP CREDIT AND CRIMINAL ACTIVITY

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the HAF housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

PREVIOUS LANDLORDS	PAST AND PRESENT EMPLOYERS	VETERANS ADMINISTRATION
COURTS AND POST OFFICES	WELFARE AGENCIES	RETIREMENT SYSTEMS
TRIBAL OFFICES	STATE UNEMPLOYMENT AGENCIES	BANKS/FINANCIAL INSTITUTIONS
LAW ENFORCEMENT AGENCIES	SOCIAL SECURITY ADMINISTRATION	CREDIT PROVIDERS/CREDIT BUREAUS
SUPPORT AND ALIMONY PROVIDERS	MEDICAL AND CHILD CARE PROVIDER	UTILITY COMPANIES

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that SCN or the U.S. Treasury may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. Housing Department and U.S. Treasury may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for a year and one month from the date it was signed.

PRINTED NAME

SIGNATURE

DATE

HEAD OF HOUSEHOLD: _____

SPOUSE: _____

ADULT MEMBER: _____

ADULT MEMBER: _____

ADULT MEMBER: _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

Conflict of Interest Disclosure:

The Seneca-Cayuga Nation Housing Department takes seriously any actual or potential conflicts of interest. As we wish to avoid even the appearance of a conflict, we ask all applicants to disclose any immediate family members, or other significant persons, whom are employed in housing department, or serve as member of Housing Committee, or Business Committee of Seneca-Cayuga Nation which could potentially cause a conflict of interest. For this purpose, immediate family members include, but is not limited to, spouse, children, parents, and siblings.

Please list any relationship here (please print):

Attestation: The undersigned individual(s) hereby attest(s) that he/she is a participant in one or more of the housing division programs and that he/she is independent of and has no conflict of interest with any persons not listed above.

Signature of head of household

Date

Signature of spouse/Co-Applicant

Date

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING:

- I certify that the information on the application is true and complete to the best of my knowledge.
- I understand that the information provided is used to determine eligibility and does not necessarily qualify me for the program.
- I give permission to the Housing Department to make inquiries for the purpose of verification of statements made in the application, including inquiries with any current or former property owners or employers.
- I understand that providing false information may disqualify me or could result in the Housing department discontinuing housing assistance payments.

The above information is correct to the best of my knowledge. I understand that any false statement or information provided in the application is in violation of federal law, Title 18 USC 1001, a felony crime punishable by up to five years in prison.

Applicant Signature

Date

Co-Applicant Signature

Date

NOTE: It is the responsibility of the applicant to notify the Seneca-Cayuga Nation Housing Department of any changes of address, income, or family composition and to respond to all correspondence received from the Housing Department in a timely manner. Failure to comply will result in the application becoming inactive.

Seneca-Cayuga Nation
23701 S 655 Rd
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Phone: (918) 787-5452 Ext. 6060 or 6038

EMPLOYMENT INCOME VERIFICATION

The Seneca-Cayuga Nation Housing Department is required to verify the income of all applicants for the program. The person whose name appears below states that he/she is now employed by your firm. Your cooperation in supplying the information requested below will be appreciated and of benefit to your employees. Such information will be held in confidence and used only by the housing division as legally necessary.

Date: _____ Employee Signature _____

Name/Address of Employer: _____

Phone: _____

Applicant Name

Address

City, State, Zip Code

Phone Number

Social Security Number:

INFORMATION BELOW IS TO BE COMPLETED BY THE EMPLOYER ONLY!

Date Employee was hired: _____ Employee Title: _____

Circle which applies: Full-Time Part-Time Seasonal

Current Number of Hours worked per week: _____ Annual Gross \$ _____

Current base pay rate per hour: _____ Monthly Yearly

Employee is paid (Circle) Weekly Bi-Weekly

The above information is true and correct to the best of my knowledge. I understand that any false statements of information are punishable under federal law.

Authorized Representative's Signature

Date

Position/Title

Seneca-Cayuga Nation
23701 S 655 RD
Grove, OK 74344
Phone: 918-787-5452 Ext. 6060 or 6038

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Date: _____ Employee Signature _____

Name/Address of Employer: _____

Phone: _____

Applicant Name

Address

City, State, Zip Code

Phone Number

Social Security Number:

INFORMATION BELOW IS TO BE COMPLETED BY THE EMPLOYER ONLY!

Date Employee was hired: _____ Employee Title: _____

Circle which applies: Full-Time Part-Time Seasonal

Current Number of Hours worked per week: _____

Current base pay rate per hour: _____ Annual Gross \$ _____

Employee is paid (Circle) Weekly Bi-Weekly Monthly Yearly

The above information is true and correct to the best of my knowledge. I understand that any false statements of information are punishable under federal law.

Authorized Representative's Signature

Date

Position/Title



DECLARATION OF NO (ZERO) INCOME

I, _____, do hereby certify that I have no (zero) income for the past 30 days, as of the date identified below.

Signature

Date

I certify that the information presented in this Declaration of Income and No (Zero) Income Form is complete and accurate to the best of my knowledge. Section 1001 of Title 18 of the US Code makes it a criminal offense to make a willful false statement of misrepresentation to any department or Agency of the U.S. to any matter within its jurisdiction.



DECLARATION OF NO (ZERO) INCOME

I, _____ do hereby certify that I have no (zero) income for the past 30 days, as of the date identified below.

Signature

Date

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