

# SENECA - CAYUGA NATION

23701 South 655 Road,  
Grove, OK 74344

Phone (918) 787-5452 Ext 6060

Direct line (918) 791-6060

Fax (918) 516-0591 Email:

[mmorris@sctribes.com](mailto:mmorris@sctribes.com) or

[harmstrong@sctribes.com](mailto:harmstrong@sctribes.com)

## NAHASDA Housing Rental & Emergency Program Application

Housing Assistance is offered to Native Americans living 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.

**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.**

**\*THE FOLLOWING ITEMS ARE REQUIRED: THIS IS NOT OPTIONAL**

1. Copy of Tribal Membership Cards for ALL members living in the household.
2. Copy of Social Security Cards for ALL members living in the household
3. 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 submit a letter from the State Unemployment Office or a notarized statement that you do not have any income from any source.
4. Marriage Certificates (if applicable)
5. Divorce Decree(s) (if applicable)
6. Court documents or documents showing primary custody, guardianship documents for guardians of children. (if applicable)
7. Copy of signed lease agreement make sure landlord name, address, and phone number is on the lease or utility bill (whichever you are requesting assistance for)
8. W-9 form/completed by landlord or owner of rental unit

**Seneca-Cayuga Nation  
NAHASDA Housing Rental &  
Emergency Program Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

Name of all Members:(Last, First, MI)	Relationship To Head	Sex M/F	Date of Birth	Native Y/N	List Tribe	Tribal Enrollment #
	Head					
	Spouse					

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

**Seneca-Cayuga Nation  
NAHASDA Housing  
Rental & Emergency Program 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

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

**HOUSEHOLD INCOME:** List all income for every member of the household over 18 years old. Please List the Dollar Amount Received

Household Member(s)	Employer	Gross Weekly Wages	Welfare TANF	Child Support Received	Social Security Benefits	Unemployment Benefits	All Other Income

**Please explain sources of other income:** \_\_\_\_\_

---

**Prior Assistance:**

Have you ever been assisted through the Housing Program or any other Programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes when?

---

---

---

Are you currently homeless or living in substandard housing? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

---

---

---

Please provide the name of the electric company. \_\_\_\_\_

---

Type of heat (Circle One):      Propane      Natural Gas      Electric

Type of Water (Circle One):      Rural      City      Private Well

Type of Sewer (Circle Once):      City      Septic System      Lagoon

Type of Dwelling: Frame Home: \_\_\_\_\_ Mobile home: \_\_\_\_\_

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 false statement(s) on this application in order to get benefits I am not entitled to receive. I understand that I have a right to a fair hearing if I am not satisfied with the decision, action or any unreasonable delay in a decision on my application. A request for a fair hearing must be submitted in a written form to the Seneca-Cayuga Nation Office within ten (10) days of decision notification.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature (If Applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization for the Release of Information and Privacy Act Notice

**Requirements:** Seneca-Cayuga Nation Housing department requires that you sign a consent form authorizing us to request verification of salary and wages from current or previous employers; to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. We require independent verification of income information. Therefore, SCN may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing SCN to request income information from the sources listed on the form. We need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level.

**Uses of Information to be Obtained:** We are required to protect the income information we obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. We may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and for the purpose of determining housing assistance. The SCN is also required to protect the income information it obtains in accordance with any applicable State privacy law. The SCN employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

**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 house hold 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.

**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. Denial of eligibility or termination of benefits is subject to the nation grievance procedures.

### **Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in

determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any periods(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow Seneca-Cayuga Nation Housing Department to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that SCN will not use this form to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

---

**Privacy Act Notice:**

The Seneca-Cayuga Nation Housing Department is authorized to collect information by the Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA). You must provide all of the information requested by the housing division.

Your income and other information are being collected by the division of housing to determine your eligibility, the appropriate bedroom size and the amount your family will pay toward rent. This information may be released to appropriate federal, state and local agencies when relevant and to civil, criminal or regulatory investigators and prosecutors pursuant to federal law.

I/We certify that all information provided on this application, including income, and household composition is true and accurate. I/We understand that false statements or information is punishable under Federal Law.

---

Signature of Applicant

---

Date

---

Signature of Spouse/Co-Tenant

---

Date

---

Other Adult Member

---

Date

---

Other Adult Member

---

Date

**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 member includes, 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

**Official Use Only**

Date and time **COMPLETED** application received by Seneca-Cayuga Nation: \_\_\_\_\_

SCN Housing Employee accepting **COMPLETED** application: \_\_\_\_\_

Date placed on Waiting List: \_\_\_\_\_

Eligible: \_\_\_\_\_ Not Eligible: \_\_\_\_\_ If not eligible, state reason: \_\_\_\_\_

---

---

Additional Comments: \_\_\_\_\_

---

---

---

---

Seneca-Cayuga Nation  
23701 S 655 Rd  
Grove, OK 74344  
Phone: (918) 791-6060

**EMPLOYMENT INCOME VERIFICATION**

The Seneca-Cayuga Nation Housing Department is required to verify the income of all applicants of 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 employee. 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 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: 918-791-6060

**EMPLOYMENT INCOME VERIFICATION**

The Seneca-Cayuga Nation Housing Department is required to verify the income of all applicants of 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 employee. 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 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

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.

## NAHASDA Program Appeal Procedures

### Appeals from Administrative Actions:

This section applies to all appeals from decisions made by officials of the Seneca-Cayuga Nation by person who may be adversely affected by such decisions.

### Appeals Procedures:

#### 1. Officials Who May Decide Appeals

The following officials may decide appeals

- A. The Nations Housing Committee, if the subject of appeal is a decision by a person under the authority of the Nation's Housing Committee.
- B. The Nations Business Committee, if the subject of appeal is a decision of the Nation's Housing Committee.

#### 2. Finality of Decisions

- A. Decisions made by officials of the Seneca-Cayuga Nation shall be effective when the time for filing a notice of appeal has expired and not notice of appeal has been filed.
- B. Decisions made by the nation's Business Committee shall be final for the Seneca-Cayuga Nation and effective immediately.

#### 3. Notice of Administrative Decision or Action

- A. The official deciding shall give the person affected by the decision written notice of the decision by personal delivery or by mail.
- B. Failure to give such notice shall not affect the validity of the decision or action but the time to file a notice of appeal regarding such a decision shall not begin to run until notice has been given in accordance with subparagraph (c) of this paragraph.
- C. All written decisions except decisions which are final for the Seneca-Cayuga Nation pursuant to paragraph 2(b), shall include a statement that the decision may be appealed pursuant to this section, identify the official to whom it may be appealed and indicated the appeal procedures, including the 10-working daytime limit for filing a notice of appeal.

#### 4. Notice of an Appeal

- A. An appellant must file a written notice of appeal in the office of the official whose decision is being appealed. The appellant must also send a copy of the notice of appeal to the official who will decide the appeal. The notice of appeal must be filed in the office of the official whose decision is being appealed within 10 working days of the receipt by the appellant of the notice of administrative action described in paragraph 3. A notice of appeal that is filed by mail is considered failed on the date that it is postmarked. The burden of proof of timely filing is on the appellant. No extensions of time shall be granted for filing a notice of appeal. Notices of appeal not filed in the specified time shall not be considered, and the decision involved shall be considered final for the Seneca-Cayuga Nation and affective in accordance with paragraph 2(A).
- B. The Notice of Appeal Shall:
  1. The statement must include name, address, and phone number of the appellant.
  2. The statement must be clearly labeled or titled with the words "NOTICE OF APPEAL."
  3. Have on the face of any envelope in which the notice is mailed or delivered, in addition to the address, the clearly visible words "NOTICE OF APPEAL."
  4. Contain a statement of the decision being appealed that is sufficient to permit the identification of the decision.
  5. If possible, attach a copy of the notice of the administrative decision received under paragraph 3.

## 5. Statement of Reasons

- A. A statement of reasons shall be filed by the appellant in every appeal and shall be accompanied by or otherwise incorporated all supporting documents.
- B. The statement of reasons must be included in or filed with the notice of appeal.
- C. The statement of reasons shall:
  - 1. Be clearly labeled "STATEMENT OF REASONS".
  - 2. State the reasons why the appellant believes the decision being appealed is in error.

## 6. Filing of an Appeal

- A. An appeal document is properly filed with an official of the Seneca-Cayuga Nation:
  - 1. By personal delivery during regular business hours to the person designated to receive mail in the immediate office of the official.
  - 2. By mail addressed to the official. The document is considered filed by mail on the date that it is postmarked.

## 7. Computation of Time

In computing any period of time prescribed or allowed in this section, workdays (Monday-Friday) shall be used. Computation shall not include the day on which the decision being appealed was made, or the notice was received. Computation shall include the last day of the period, unless it is a Nations or legal holiday, in which event the periods run until the end of the next day which is not a Saturday, Sunday, or Nations or legal holiday.

## 8. Summary Dismissal

- A. An appeal under this section will be dismissed if the notice of appeal is not filed within the time specified in paragraph 4.
- B. An Appeal under this section may be subject to summary dismissal if the appeal documents do not state the reasons why the appellant believes the decision being appealed is in error, or the reasons for the appeal are not otherwise evident in the document.

## 9. Action by the Nation's Housing Committee on Appeal

- A. The Housing Committee shall render written decisions in all cases which the authority to issue a decision has been assigned pursuant to paragraph 1 (a) within 30 days. The decision shall include a statement that the decision may be appealed pursuant to this section, identify the official to whom it may be appealed and indicate the appeal procedure, including the 10-day time limit for filing a notice of appeal.
- B. A copy of the decision shall be sent to the appellant by certified or registered mail, return receipt requested. Such receipts shall become a permanent part of the record.

## 10. Action by the Tribal Business Committee on Appeal

- A. The Business Committee shall render a written decision in an appeal from a decision of Business Manager within 60 days. A copy of the decision shall be sent to the appellant by certified or registered mail, return requested. Such receipts shall become a permanent part of the record. The decision shall be final for the Seneca-Cayuga Nation and effective immediately.

## 11. Scope of review.

- A. When a decision has been appealed, any information available to the reviewing official may be used in reaching a decision whether part of the record or not.
- B. The deciding official shall include in the record copies of documents, or a description of the information used in arriving at the decision. Except when disclosure of the actual documents used may be prohibited by law, copies of the information shall be made available to the party of the appeal upon request and at their expense.