



OVERVIEW

The Seneca Cayuga Nation received funds from the United States Treasury Department under the American Rescue Plan Act. The Homeowner Assistance Fund will mitigate the financial hardships imposed on Seneca Cayuga Tribal Members during the COVID-19 Pandemic. The Homeowner Assistance Fund provides seeks to prevent foreclosures, mortgage delinquencies, defaults, loss of utilities, and displacement.

A maximum amount of up to \$2,500 will be given to eligible tribal members. Eligible Applicants may receive support with *mortgage payments, property tax payments, insurance payments, and/or internet service support.*

The Seneca Cayuga Homeowner Assistance Fund is designed to provide non-taxable economic relief to Enrolled Tribal Members.

CONTACT

Completed Seneca Cayuga Nation Homeowner Assistance Fund Applications may be submitted to the following:

Seneca Cayuga Housing Department
23701 S 655 Road
Grove, OK
74343

EMAIL:
mmorris@sctribe.com or
harmstrong@sctribe.com

PHONE:
(918) 787-5452 ext.# 6060
FAX NUMBER:
(918) 516-0591

HOMEOWNER ASSISTANCE FUND

AMERICAN RESCUE PLAN ACT

APPLICANT PERSONAL INFORMATION

Applicant Name:	
Date of Birth:	
Age:	
Physical Address:	
Mailing Address:	
Phone Number:	
Email Address:	
Enrollment Number:	

APPLICANT HOUSEHOLD INCOME

Successful HAF applicants must have households whose income is at or below 150% of the 2022 HAF Income Limits for Ottawa County or 100% of the US Median Income, whichever is higher. Even if the applicant resides outside of Ottawa County, the Seneca Cayuga Tribe will use these limits, as the Tribe's headquarters are located here.

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

By checking this box, I certify that my household income is within HAF Income Guidelines.

APPLICATION REVIEW PROCEDURE

The Administration, or designee, will review all applications for all programs in the order that they are received and determine whether the applicant meets the Program's eligibility requirements, and the applicant has submitted all of the necessary documentation.

If the applicant meets the requirements and has submitted all necessary documentation to the satisfaction of the Seneca Cayuga Nation, then the Housing Department, or designee, will approve the application within (10) business days and schedule the necessary home repairs

However, if the applicant fails to meet the above requirements, then the applicant will be denied and provided with the reason for the denial. Although an applicant is denied for the Homeowner Assistance Fund, there may be other avenues that are more appropriate to accomplish the desired goals and the applicant will be encouraged to proceed with an application for that respective program.

All determinations by the Housing Department are final unless the applicant can provide all required documentation within the duration of the program and resubmit according to the above procedures.

ASSISTANCE SELECTION

The Seneca Cayuga Nation will provide up to \$2,500 in Homeowner Assistance in one or more of the following categories:

- Mortgage Payment Assistance
- Property Tax Payment Assistance
- Insurance Payment Assistance
- Internet Service Payment Assistance

Seneca Cayuga HAF Program Assistance Selection and Required Supporting Documents	
Please select the type(s) of assistance that you are requesting assistance for:	Please attach the following supporting documentation associated with the assistance:
<input type="checkbox"/> Mortgage Payment Assistance	<input type="checkbox"/> Copy of Mortgage Bill Amount to be Paid: _____
<input type="checkbox"/> Property Tax Payment Assistance	<input type="checkbox"/> Copy of Property Tax Bill Amount to be Paid: _____
<input type="checkbox"/> Insurance Payment Assistance	<input type="checkbox"/> Copy of Insurance Bill Amount to be Paid: _____
<input type="checkbox"/> Internet Service Payment Assistance	<input type="checkbox"/> Copy of Internet Service Bill: Amount to be Paid: _____
TOTAL ASSISTANCE REQUESTED:	\$ _____

HOUSEHOLD INFORMATION

Please provide information regarding each individual who resides in the home (*verification of veteran status and/or disability required to receive priority points*):

NAME:	AGE:	IS THIS PERSON A VETERAN?	DOES THIS PERSON HAVE A DISABILITY?
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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FAX NUMBER:
918-516-0591

APPLICATION CHECKLIST

<input type="checkbox"/> Verification of Enrollment for all Seneca Cayuga Tribal Members living in the household.	<input type="checkbox"/> Home ownership verification (<i>i.e., copy of deed</i>).
<input type="checkbox"/> Copy of all Bills that Assistance is needed with (mortgage, insurance, internet, property tax)	<input type="checkbox"/> Proof of Income (<i>Tax Returns, W2, 2 Paystubs, Social Security Income, etc.</i>)

APPLICANT CERTIFICATION

I certify that all the answers given are true, complete, and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing by the applicant, or unless an officer or employee of the Tribe or other Federal agency requires it in the performance of their duties.

Printed Name:	
Signature:	
Date:	

FOR OFFICIAL USE ONLY

Date application received by Nation:
Tribal Enrollment Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Verified:
Proof of Home Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Income: <input type="checkbox"/> Yes <input type="checkbox"/> No