

SENECA - CAYUGA NATION

PO Box 453220
23701 South 655 Road, Hwy 10
Grove, OK 74345-3220
Phone (918) 787-5452 Ext 110
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NAHASDA Housing Rehabilitation Program Application

The Seneca-Cayuga Nation Housing Program is designed to provide rehabilitation services for privately owned homes for low-income Native American tribal members who reside within the 50-Mile Radius. Preference will be given to Seneca-Cayuga Nation Tribal members.

Eligibility Requirements include:

- Applicant must be the owner/occupant of the home.
- The home must be the family's primary residence.
- The applicant must maintain adequate homeowner's insurance coverage.

The following items are required during the application process:

1. Copy of Tribal Enrollment Card for ALL Members Living in the household.
2. Signed Income Verification for every household member over the age of 18 years of age or Verification of Disability, if applicable
3. Copy of Warranty Deed
4. Copy of Homeowners Insurance

**INCOMPLETE APPLICATIONS WILL BE RETURNED
COMPLETE IN BLACK OR BLUE INK ONLY**

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Name: _____

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

Mailing Address if different from above: _____

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

Email Address: _____

Emergency Contact Name: _____ Phone#: _____

Address: _____

Directions to Home: _____

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.**

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

Wheel Chair required? Circle One Yes/No

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 COMPOSITION: List all income for every member of the household over 18 years old.

Please List the Dollar Amount Receive

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: _____

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I/We understand that that the Seneca-Cayuga Nation will place a temporary lien on my property that will be automatically removed five (5) years after the date of filing lien. If I sell the property within the first five (5) years of ownership I will be required to repay the grant money to the SCN at a prorated amount.

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

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. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or employee of the housing program requiring it in the performance of their duties.

Applicant Signature: _____ Date: _____

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

NOTE: It is the responsibility of the applicant to notify Seneca-Cayuga Nation 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.

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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 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.

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

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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, 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: _____

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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

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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 EMPLOYER ONLY!

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