

**Oneida Nation of Wisconsin
Housing Assistance Application**

PLEASE READ CAREFULLY

Dear Applicant:

This application serves as the main application for the following areas:

- Oneida Housing Authority (OHA) - Rental
- Division of Land Management - Home Ownership
- Elder Services - Rentals

Please return your fully completed application to:

Oneida Housing Authority
PO Box 68
Oneida, WI 54155
920-869-6184

Fully completed and returned applications will be forwarded to the appropriate area based on the area that best meets your needs. Please contact Oneida Housing Authority to set up a one-on-one meeting to discuss your housing needs and to determine which area(s) to best route your application.

Name of Applicant

Date & Time Stamp
Received By:
_____ Oneida Housing Authority Land Management Elder Services

Attn: Administrative Assistant: Please make a photocopy of this page and give to applicant as a receipt of time and date application was received.

ONEIDA NATION OF WISCONSIN
HOUSING ASSISTANCE APPLICATION

This application must be fully completed to include information and requested paperwork related to you and your household.

Failure to provide complete and/or accurate information may result in an application denial.

PURPOSE OF REQUEST

(Check all that apply)

1. I would like to:

- A. Purchase or build a home _____
- B. Rent a home or apartment _____
- C. Rent an Elder Apartment _____
- D. Transitional Housing _____
- E. Build an addition _____
- F. Do repairs on my existing home _____

If you are planning on doing home repairs, please provide the location of your home and a list of the repairs you expect to complete.

2. Have you applied for any type of housing assistance: YES NO

If yes, please provide the name of the institution to which you applied, date of application, and written proof of denial.

3. Have you ever been a tenant with Oneida Housing Authority? YES NO

If yes, please provide the name of the head of household, address, and why you left:

Office Use Only – Routing Checklist

_____ OHA Home Ownership Program _____ OHA Resident Services
_____ OHA Transitional Living Program _____ DOLM Rental Leasing Specialist
_____ Elder Services

APPLICANT INFORMATION

NAME _____
Last First Middle Maiden Name

CURRENT ADDRESS _____
Street/PO Box City State Zip Code

TELEPHONE _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

DATE OF BIRTH ____/____/____

TRIBAL ROLL NUMBER _____

MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED

ARE YOU IN A LONG TERM RELATIONSHIP WITHOUT MARRIAGE? YES NO

ARE YOU A VETERAN? YES NO

CO-APPLICANT INFORMATION
(If applicable)

CO-APPLICANT NAME _____
Last First Middle Maiden Name

CURRENT ADDRESS _____
Street/PO Box City State Zip Code

TELEPHONE _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

DATE OF BIRTH ____/____/____

TRIBAL ROLL NUMBER _____

MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED

ARE YOU IN A LONG TERM RELATIONSHIP WITHOUT MARRIAGE? YES NO

ARE YOU A VETERAN? YES NO

CURRENT HOUSING INFORMATION

1. CURRENT HOUSING STATUS: Homeless Rent Own Friend/Family

If you are homeless, do you have accessibility to shelter of any kind? YES NO

How long have you been homeless? _____

Please explain your situation _____

2. If you rent, please complete the attached Rental/Landlord Verification Form.

Nature of Request: What are your current circumstances? _____

HOUSEHOLD INFORMATION

List all people including yourself that will live with you. If someone is pregnant, please include the due dates for the unborn children.

NAME	DATE OF BIRTH	RELATIONSHIP	TRIBE & ROLL #	SOCIAL SECURITY #	GROSS MONTHLY INCOME	SOURCE OF INCOME

INCOME INFORMATION

List all income being received by all members of the household except minor children's EARNED income. Employment income must be verified with the attached Employment Verification Form. You **must** also attach **FOUR** most recent paycheck stubs.

Non-Employment Income: Child Support, Social Security, Disability, Pensions, TANF, Per Capita, etc. will be verified. You **must** also attach verification of income for each person that receives any non-employment income. Monthly bank account statements showing deposits will work to verify. List who receives the non-employment income above.

Do you have pets? YES NO

Oneida Housing Authority has a one pet per unit policy EXCEPT DUPLEXES. Pets will not be allowed in any duplexes. Certain types of dogs are not allowed. Pet security deposit is \$100 and to be paid at the time of move-in.

GENERAL INFORMATION

1. Does anyone listed in this application have a severe health problem, handicap, or permanent disability? YES NO

If yes, please provide the name of the individual and a brief description of the condition:

2. Does anyone listed in this application use a wheelchair? YES NO
If so please attach Doctor's documentation.

3. Has anyone that will be living in the home been convicted of a Felony or misdemeanor?
YES NO

If yes, please explain the circumstances and include dates. _____

HOME OWNERS

1. Is your home subject to an existing mortgage or lien? YES NO
2. Identify your mortgage or lien holder(s)

NAME	ADDRESS	CITY	STATE	ZIP
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NAME	ADDRESS	CITY	STATE	ZIP
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3. When did you purchase your home? _____
4. When was your home built? _____
5. Is there a Tribal land lease? _____
6. When was the lease issued? _____
7. Do you have an outstanding Tribe Housing Loan? YES NO
8. Do you live in a Mutual Help House building with Oneida Housing Authority? YES NO
9. If yes, is the HUD project still under operation of the Oneida Housing Authority? YES NO
10. Are you currently living in this house? YES NO
11. Is someone else living in this house? YES NO
12. Are you receiving any income from the house? YES NO
13. How much annually? _____

Note: The existence of a mortgage/lien may not prohibit participation in any program, but an overall deduction in points may result.

LAND AND INFRASTRUCTURE INFORMATION

Complete this section if you OWN land within the reservation boundaries.

1. What is the status of the land?
 Individual Fee _____ Tribal Fee _____ Individual Trust _____ Tribal Trust _____
2. If you own the land, how is it held?
 Sole Ownership _____ Joint Tenancy _____ Tenancy in Common _____
3. If you do not own the land, how is it held?
 Leasehold interest _____ Use Permit _____ Assignment _____
 Explain: _____
4. What type of system are you currently using?
 SEWER: _____ City Sewer _____ Septic _____ Chemical Toilet _____ Other _____
 WATER SOURCE: _____ City _____ Private Well _____ Community Tank _____

EMPLOYMENT INCOME VERIFICATION

THIS SECTION TO BE COMPLETED BY APPLICANT

DATE: _____

EMPLOYEE NAME: _____ ADDRESS: _____

Dear Sir/Madam;

We are required to verify the income of all members of families applying for or living in federally assisted housing. Please supply the information requested below and return this completed form to us as soon as possible. The information provided will be held in strict confidence and used only to determine your employee's eligibility for housing in our program.

Attached for your records is an **AUTHORIZATION FOR RELEASE OF INFORMATION** signed by the above referenced individual.

Thank you,

Oneida Housing Authority

THIS SECTION TO BE COMPLETED BY EMPLOYER

JOB TITLE: _____

Date of Employment: _____ Date Terminated: _____

Employee on leave because of the following:

_____ Disability _____ Worker's Comp _____ Unemployment

_____ Leave of Absence W/O Pay

Salary: Base Pay Rate Per Hour: \$ _____ Per Month: _____

Average Hrs/Week at Base Pay Rate: _____ Per Month: _____

FIRM NAME: _____ DATE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE AND TITLE: _____

If you have any questions please call 920-869-2227

*Please include **four** check stubs with this form*

EMPLOYMENT INCOME VERIFICATION

THIS SECTION TO BE COMPLETED BY APPLICANT

DATE: _____

EMPLOYEE NAME: _____ ADDRESS: _____

Dear Sir/Madam;

We are required to verify the income of all members of families applying for or living in federally assisted housing. Please supply the information requested below and return this completed form to us as soon as possible. The information provided will be held in strict confidence and used only to determine your employee's eligibility for housing in our program.

Attached for your records is an **AUTHORIZATION FOR RELEASE OF INFORMATION** signed by the above referenced individual.

Thank you,

Oneida Housing Authority

THIS SECTION TO BE COMPLETED BY EMPLOYER

JOB TITLE: _____

Date of Employment: _____ Date Terminated: _____

Employee on leave because of the following:

_____ Disability _____ Worker's Comp _____ Unemployment

_____ Leave of Absence W/O Pay

Salary: Base Pay Rate Per Hour: \$ _____ Per Month: _____

Average Hrs/Week at Base Pay Rate: _____ Per Month: _____

FIRM NAME: _____ DATE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

SIGNATURE AND TITLE: _____

If you have any questions please call 920-869-2227

*Please include **four** check stubs with this form*

RENTAL/LANDLORD VERIFICATION FORM

DATE: _____

This section to be completed by Applicant.

NAME: _____

ADDRESS: _____

Are you living with family/other? YES NO

The above referenced individual has applied for housing and/or assisted housing under an Oneida Nation and/or Oneida Housing Authority (OHA) program. Please supply the information requested below and return the completed form to the applicant at your earliest convenience. The information provided will be held in strict confidence and used solely to determine the applicant's eligibility for the applicable housing program.

Attached for your records is an Authorization for Release of Information signed by the above referenced individual.

Thank you,

Oneida Housing Authority

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This Section to Be Completed By Landlord

Is the tenant in a lease agreement? _____ When does it expire? _____

What is the current monthly rental rate? _____

Do you receive Section 8 Housing Vouchers? _____ If yes, \$ _____ per month

Does tenant pay rent on time? _____ Length of Tenancy _____

Does tenant owe back rent? _____ Amount: \$ _____

Does tenant maintain home (normal wear and tear)? _____

Does tenant have history of complaints or damage done by tenant and/or guests? _____

Reason for moving? _____ Would you rent to the tenant again? _____

Was lease agreement terminated due to an eviction? YES NO

Signature of Landlord

Date

Landlord Contact Number

Landlord Fax Number

If you have any questions please call 920-869-2227

VERIFICATION OF STUDENT STATUS
Primary or Secondary Education

I. This section to be completed by parent or guardian.

The Oneida Housing Authority (OHA) requires student status verification to determine eligibility for its family housing program:

Student(s)	School Address and Phone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I hereby request that you provide information regarding students listed above. I understand that this information will be kept confidential and will be used only for the program purposes.

Signature: _____ Date: _____
Parent/Guardian

II. This section to be completed by school official...

This is to certify that the above-listed student(s) is enrolled at this school.

Student(s) Home Address: _____

Parent/Guardian responsible for student(s): _____

EDUCATIONAL INSTITUTION & ADDRESS: _____

TELEPHONE: _____ FAX NO. _____

SIGNATURE: _____ TITLE: _____

VERIFICATION OF STUDENT STATUS
Primary or Secondary Education

III. This section to be completed by parent or guardian.

The Oneida Housing Authority (OHA) requires student status verification to determine eligibility for its family housing program:

Student(s)	School Address and Phone Number
2. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I hereby request that you provide information regarding students listed above. I understand that this information will be kept confidential and will be used only for the program purposes.

Signature: _____ Date: _____
Parent/Guardian

IV. This section to be completed by school official...

This is to certify that the above-listed student(s) is enrolled at this school.

Student(s) Home Address: _____

Parent/Guardian responsible for student(s): _____

EDUCATIONAL INSTITUTION & ADDRESS: _____

TELEPHONE: _____ FAX NO. _____

SIGNATURE: _____ TITLE: _____

**VERIFICATION OF CHILD CARE PAID
FOR CARE OF CHILDREN OR DEPENDENT PERSON(S)**

I, _____ who resides at _____
Name Address

Do hereby certify I provide childcare on the following children:

On the following days and hours:

Day of Week	Daily Hours	From Time to Time
Monday:	Hours: _____	From: _____ am/pm To: _____ am/pm
Tuesday:	Hours: _____	From: _____ am/pm To: _____ am/pm
Wednesday:	Hours: _____	From: _____ am/pm To: _____ am/pm
Thursday:	Hours: _____	From: _____ am/pm To: _____ am/pm
Friday:	Hours: _____	From: _____ am/pm To: _____ am/pm
Total hours per week: _____		Per Month: _____
Amount received for care from family: \$ _____ per week or month		
Amount received from other (agency), if any: \$ _____ per week or month		
(Note: include full-time summer care of school children, if applicable)		

Print Care Provider: _____ Telephone: _____

Signature of Care Provider: _____

Social Security Number of Care Provider: _____

Relationship to Parent, if any: _____

IMPORTANT: This form must be executed whenever a deduction from income is made.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government. Also, amounts received from providing childcare are responsible to the Internal Revenue Service (IRS).

DOCUMENTATION & VERIFICATION

When applying for housing with the Oneida Tribe, every page and/or form of this application packet must be completely filled out. Every page that requires signatures must be signed and dated by every adult person, age 18 and over, listed in your household.

The following documents are required and must be attached to your application for OHA. The front desk staff at OHA will copy your documents and return your originals to you.

- 1. Tribal Identification Cards for each tribal member in the household. _____
- 2. Picture I.D. Cards for all adults in the household. _____
- 3. Social Security Cards for all members of the household. Birth Certificates are required for all newborn children. _____
- 4. Four (4) recent check stubs. If employed. _____
- 5. Verify non-employable income sources: _____
 - Child Support Payments _____
 - Social Security, SSI, SSDI _____
 - TANF _____
 - COP Kinship Care _____
 - Tribal Per Capita Payments _____
 - Financial Aid Awards _____
 - Any/All other income received _____

NOTE: Bank Statements showing deposits may be submitted as verification. _____

- 6. Previous year Tax Return (first page only) and W2 Forms. _____
- 7. Letter from Landlord or Landlord Verification must be completed, signed & dated by landlord/manager. If you live with another household, have that head of household complete the form. _____
- 8. Verification of Student Status. Have school complete attached form. Have Higher Education verify student enrollment for dependents living at home and attending college. _____
- 9. Verification of paid or current utility bills (water, electric, heat) and/or statements referencing utilities included in rent. _____
- 10. Please submit a medical statement of Special Needs , if applicable. _____

Note: A background investigation will be conducted on each adult member, age 18 and older, in the household.

I understand that I must supply the above documentation for Oneida Housing Authority to consider my application. In addition, I understand that the information obtained from the above resources will be used to determine eligibility for the OHA Rental Program.

I certify all of the answers given on this Oneida Nation housing program application are true and complete to the best of my knowledge and belief, and are made in good faith. This certification is made with knowledge that the information will be used to determine eligibility to receive financial and/or housing assistance and that false or misleading statements may constitute a violation of federal or tribal law which may subject me/us to criminal prosecution, civil liability or both.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____