



# Oneida Nation of Wisconsin

## Division of Land Management

P.O. Box 365 • Oneida, Wisconsin 54155

<http://land.oneidanation.org>

(920) 869-1690

(920) 869-1689 Fax

(800) 684-1697 Toll Free



### LOAN DEPARTMENT TRIBAL LOAN APPLICATION

\*The information contained in your application is used to make the loan determination. (All DREAM applications are based on a point system and will be awarded based upon highest points in reference to each dream home advertised.) To be considered for a loan, applicants must completely and accurately fill out a Tribal Loan Application and submit all pertinent documentation.

Please note: Applicants will not be considered for a loan:

- If they have filed bankruptcy in the past 2 years
- Foreclosed on property in the past 7 years
- Have accumulated \$20,000 in bad debt (and all bad debt will need to be paid prior to closing date)

**ITEMS THAT MUST ACCOMPANY YOUR APPLICATION:**

DOLM Initials

- **TRIBAL ID** (Copy of applicant and joint applicant's) \_\_\_\_\_
- **PAY CHECK STUBS** (Copy of 1 month of applicant(s) most recent check stubs) \_\_\_\_\_
- **INCOME TAXES** (Two previous years if applicant(s) are self-employed)  
*Note: Child support, maintenance payments, educational grants are not considered as income*
- **EMPLOYMENT VERIFICATION FORMS** (completed and signed by applicant(s) supervisor or online work verification  
*Note: Child support, maintenance payments are not considered as income* \_\_\_\_\_)
- **SIGNED AND DATED APPLICATION** \_\_\_\_\_
- **DISABILITES: PLEASE BE SURE TO INDICATE THAT YOU ARE DISABLED ON THE LOAN APPLICATION.**  
*Proof of disability income (ie. SSI/social security check )* \_\_\_\_\_
- A separate sheet of any of the questions A-J which require explanation. \_\_\_\_\_
- **VETERANS: PLEASE BE SURE TO INDICATE YOUR STATUS AS AN ENROLLED ONEIDA VETERAN ON THE LOAN APPLICATION.** \_\_\_\_\_

# ONEIDA TRIBAL LOAN PROGRAM APPLICATION

Date of Application: \_\_\_\_\_ Loan Amount Requested: \$ \_\_\_\_\_

Type of Loan Requested: (DREAM, EQUITY, THRIL, TLC, VET's THRIL, VET's TLC)

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

## Applicant Information

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

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

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Marital Status:

\_\_\_\_\_ Married \_\_\_\_\_ Legally Separated \_\_\_\_\_ Single (divorced, widowed)

Are you an enrolled member of the Oneida Tribe of Indians of Wisconsin? YES NO

Enrollment # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a US Citizen? YES NO If no, are you able to provide proof of work? YES NO

Are you an Oneida Veteran? YES or NO

## Applicant Employment Information

Present Employer: \_\_\_\_\_ How long? \_\_\_\_\_

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

Position/Title: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Employer Phone #: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Complete below if you are with present employer less than 2 years or currently employed in more than one position.

Previous Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

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

Position/Title: \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Employer Phone #: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Other Income(s): \$ \_\_\_\_\_

Explain: \_\_\_\_\_

### Joint Applicant Information

Relationship to Applicant: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Marital Status:

\_\_\_\_\_ Married    \_\_\_\_\_ Legally Separated    \_\_\_\_\_ Single (divorced, widowed)

Are you an enrolled member of the Oneida Tribe of Indians of Wisconsin?    YES    NO

Enrollment # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are you a US Citizen? YES or NO    If no, are you able to provide proof of work?

Are you an Oneida Veteran? YES or NO

### Joint Applicant Employment Information

Present Employer: \_\_\_\_\_ How long? \_\_\_\_\_

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

Position/Title: \_\_\_\_\_ From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employer Phone #: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Complete below if you are with present employer less than 2 years or currently employed in more than one position.

Previous Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

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

Position/Title: \_\_\_\_\_ From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employer Phone #: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Other Income(s): \$ \_\_\_\_\_

Explain: \_\_\_\_\_

**PLEASE LIST THREE (3) BENEFICIARIES WHO ARE ENROLLED MEMBERS OF THE ONEIDA TRIBE OF INDIANS OF WISCONSIN: (MUST BE 18 YEARS OR OLDER or 21 YEARS OR OLDER TO QUALIFY FOR A LOAN WITH DOLM.)**

<b>FULL NAME</b>	<b>ADDRESS, CITY, STATE &amp; ZIP</b>	<b>RELATIONSHIP</b>	<b>ROLL #</b>	<b>PHONE #</b>

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**IF YOU ANSWER “YES” TO ANY QUESTIONS LISTED BELOW, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THE APPLICATION. THANK YOU!!**

	<b><u>Applicant</u></b>	<b><u>Joint Applicant</u></b>
<b>A. Are there any outstanding judgments against you?</b>	<b>YES or NO</b>	<b>YES or NO</b>
<b>B. Have you declared bankruptcy within the past 2 years?</b>	<b>YES or NO</b>	<b>YES or NO</b>
<b>C. Have you had property foreclosed upon or given title or deed in lieu of thereof in the past 7 years?</b>	<b>YES or NO</b>	<b>YES or NO</b>
<b>D. Are you a party to a lawsuit?</b>	<b>YES or NO</b>	<b>YES or NO</b>
<b>E. Have you directly/indirectly been obligated on any loan, mortgage, financial obligation, bond or loan guarantee?</b>	<b>YES or NO</b>	<b>YES or NO</b>
<b>F. Are you presently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation, bond or loan guarantee?</b>	<b>YES or NO</b>	<b>YES or NO</b>
<b>G. Are you a co-maker or endorser on a note?</b>	<b>YES or NO</b>	<b>YES or NO</b>
<b>H. Do you intend to occupy the property as your primary residence?</b>	<b>YES or NO</b>	<b>YES or NO</b>
<b>I. Is your cash down payment borrowed? If YES, from whom? _____</b>	<b>YES or NO</b>	<b>YES or NO</b>

**If applying for a DREAM home:**

- All applications must be Signed and dated
- All of the accompanying documentation (check stubs, veteran certification, etc.) must be attached to the application at the time it is submitted or no later than the deadline date. If these are not attached, the application will be deemed as incomplete and will not be considered for the DREAM home.

**If applying for a DREAM home, please fill out questions below:**

**Do you or the joint applicant own any property on or off the reservation? YES or NO**

**If YES, please explain:** \_\_\_\_\_

**Have you owned a home within the last three years? YES or NO**

**If YES, please explain:** \_\_\_\_\_

**Do you or the joint applicant hold any type of tribal lease? YES or NO**

**If YES, please specify:** \_\_\_\_\_

**Are you or the joint applicant indebted to any tribal program: YES or NO**

**If YES, please state amount & program:** \_\_\_\_\_

**Are you currently renting from Division of Land Management,  
Elderly Services or Oneida Housing Authority?**

**YES or NO**

**Are you currently renting within the boundaries of the  
reservation at this time?**

**YES or NO**

**With this purchase, will you be a first time home buyer?**

**YES or NO**

**If not, when was the last time?** \_\_\_\_\_

**Are any members of your family legally handicapped?**

**YES or NO**

**If so, please explain below:**

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*Please note: All applicants will receive maximum points in down payment category if they are able to provide more than a 5% down payment of purchase price in addition to closing costs.*  
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\*\*\*\*\*  
*All applications must be submitted by the deadline date and time. Any applications turned in after the deadline will not be accepted.*  
 \*\*\*\*\*

IT WILL BE YOUR RESPONSIBILITY AS THE APPLICANT(S) TO APPLY FOR A DREAM HOME WHEN THEY BECOME AVAILABLE.

**If applying for a DREAM home:**

- All applications must be Signed and dated
- All of the accompanying documentation (check stubs, veteran certification, etc.) must be attached to the application at the time it is submitted or no later than the deadline date. If these are not attached, the application will be deemed as incomplete and will not be considered for the DREAM home.

**If applying for a DREAM home, please fill out questions below:**

<b>Dollar Amount Available for Down Payment: (Veterans Program-no down payment is required)</b>	\$ _____
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**Dependents (Who will physically reside with you):**

_____	_____	_____
<b>Name</b>	<b>Date of Birth</b>	<b>Relationship to Applicants</b>
_____	_____	_____
<b>Name</b>	<b>Date of Birth</b>	<b>Relationship to Applicants</b>
_____	_____	_____
<b>Name</b>	<b>Date of Birth</b>	<b>Relationship to Applicants</b>
_____	_____	_____
<b>Name</b>	<b>Date of Birth</b>	<b>Relationship to Applicants</b>
_____	_____	_____
<b>Name</b>	<b>Date of Birth</b>	<b>Relationship to Applicants</b>

\*\*\*\*\*  
*Please note: All applicants will receive maximum points in down payment category if they are able to provide more than a 5% down payment of purchase price in addition to closing costs.*  
 \*\*\*\*\*

\*\*\*\*\*  
*All applications must be submitted by the deadline date and time. Any applications turned in after the deadline will not be accepted.*  
 \*\*\*\*\*

IT WILL BE YOUR RESPONSIBILITY AS THE APPLICANT(S) TO APPLY FOR A DREAM HOME WHEN THEY BECOME AVAILABLE.

**I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS ALL TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSES OF VERIFYING THE STATEMENTS MADE HEREIN.**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**JOINT APPLICANT SIGNATURE**

**AUTHORIZATION TO RELEASE INFORMATION**

**ORGANIZATION REQUESTING RELEASE OR INFORMATION:**

Oneida Division of Land Management  
P.O. Box 365  
Oneida, WI 54155

AND

Oneida Nation Veterans Services Office  
P.O. Box  
Oneida, WI 54155

**PURPOSE:**

The Oneida Division of Land Management and the Oneida Nation Veterans office may use this authorization and information obtained with it to administer the Direct Real Estate and Mortgage Program (DREAM), Tribal Home Repair/Improvement Loan Program (THRIL), Tribal Loan Credit Program (TLC), Veterans TLC, Veterans THRIL, Tribal Mortgages, Rental and Lease Documents.

**AUTHORIZATION:**

I hereby authorize the release of any information including documentation and other materials pertinent to the eligibility for participation in any of the above programs.

I hereby authorize the Division of Land Management and the Oneida Nation Veterans Office to verify information on employment, income, credit history, residence, rental history, enrollments, and records with the Oneida Accounting Department, Oneida Community Support, Oneida Utilities, Oneida Division of Land Management, Oneida Housing Authority, Oneida Tribal School, Oneida Public Works, Human Resources, Financial Counselors, Banks and Credit Bureaus.

I authorize the Oneida Nation Veterans Office to verify my status as an "Oneida Veteran" and to keep a file of all loan documents.

**Conditions:**

I hereby agree that photocopies of this Authorization may be used for the purpose stated above.

If I do not sign this Authorization, I also understand that I will be denied the opportunity to participate in the above stated programs.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Date

Application Received by: \_\_\_\_\_

\_\_\_\_\_  
DOLM Signature

\_\_\_\_\_  
Date



