

**ONEIDA NATION COMPREHENSIVE HOUSING DIVISION  
 – HOME BUILDERS OPPORTUNITY (HBO) APPLICATION –**



<b>Applicant</b>	_____										
	Last Name	First Name	Middle Name	Maiden Name	Date of Birth						
	_____		_____		_____						
	Street	City		State	Zip Code						
_____		_____		_____							
Telephone No:	E-mail Address	Social Security Number	Roll No.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>Marital Status:</b> <i>(check one)</i></td> <td>Single <input type="checkbox"/></td> <td>Married <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Widowed <input type="checkbox"/></td> <td>Divorced <input type="checkbox"/></td> </tr> </table>		<b>Marital Status:</b> <i>(check one)</i>	Single <input type="checkbox"/>	Married <input type="checkbox"/>		Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>
<b>Marital Status:</b> <i>(check one)</i>	Single <input type="checkbox"/>	Married <input type="checkbox"/>									
	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>									
<b>Co-Applicant (if applicable)</b>	_____										
	Last Name	First Name	Middle Name	Maiden Name	Date of Birth						
	_____		_____		_____						
	Street	City		State	Zip Code						
_____		_____		_____							
Telephone No.	E-mail Address	Social Security Number	Roll No.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>Marital Status:</b> <i>(check one)</i></td> <td>Single <input type="checkbox"/></td> <td>Married <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Widowed <input type="checkbox"/></td> <td>Divorced <input type="checkbox"/></td> </tr> </table>		<b>Marital Status:</b> <i>(check one)</i>	Single <input type="checkbox"/>	Married <input type="checkbox"/>		Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>
<b>Marital Status:</b> <i>(check one)</i>	Single <input type="checkbox"/>	Married <input type="checkbox"/>									
	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>									
<b>General Information</b>	<b>Property Address:</b>										
	_____										
	Street Address	City	WI State	Zip Code	Lot No.	Acreage					
	_____		_____		_____						
				<b>Applicant</b>		<b>Co-Applicant</b>					
<b>Do you have any type of tribal lease?</b>				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<b>Do you intend to occupy the property as your primary residence?</b>				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
<b>Certification</b>	I/We 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 termination of the rental agreement and eviction, criminal prosecution, civil liability or any combination thereof.										
	_____			Date	_____			Date			
	Applicant's Signature			Date	Co-Applicant's Signature			Date			