

ONEIDA NATION COMPREHENSIVE HOUSING DIVISION
– LOAN APPLICATION INSTRUCTIONS –



- 5 This Loan Application only applies to mortgage loans offered through the Comprehensive Housing Division. Loan applicants wishing to purchase a home through the Nation shall provide an offer to purchase in accordance with the Real Property law Rule #2 – Comprehensive Housing Division Residential Sales.
- 5 Please carefully read all parts of the Loan Application. Please **fully** and **clearly** complete each section, as incomplete applications will be **not be considered** – no exceptions.
- 5 In accordance with the Mortgage and Foreclosure law and rule, loan applicants must meet the following conditions to be eligible:
 - o Be at least 18 years or older at the time of application
 - o Be an Oneida Tribal member (at least 1 applicant must be a Tribal member)
 - o Not have a discharged bankruptcy within 2 years of the date of the application
 - o Not be involved in a bankruptcy proceeding that has not yet been discharged at the date of application
 - o Not have any mortgages foreclosed upon within 7 years from the date of application
 - o Have a minimum Trans Union credit rating of 550
 - o Have a maximum debt to income ratio of 36%
 - 5 Per capita income is required to be verified with supporting tax documents for each of the 5 years prior to application.
 - 5 Child support payments and educational grants/scholarships are **not** included as income.
 - 5 If joint applicants are unmarried and both applicants are not Tribal members, only the Tribal member's income will be included in the income calculation
 - o Have a maximum total of \$20,000 in money judgments and/or collections – at the time of prequalification all money judgments/collections must be either satisfied in full or subject to a current repayment agreement under which payments have been made for each of the prior 6 months
- 5 In order to be valid, the application must be signed and submitted to the Comprehensive Housing Division, located at 2913 Commissioner Street, Oneida, WI 54155, with all of the following:
 - o A copy of the applicant's or applicants' Tribal Identification Card(s)
 - o Proof of Income
 - 5 If employed by an employer, the check stubs for the previous 30 days are required
 - 5 If self-employed, the 2 previous years' income tax returns are required
 - o A completed Employment Verification Form

Any questions regarding the application process can be directed to the Senior Loan Officer with the Comprehensive Housing Division at (920) 869.2227.

ONEIDA NATION COMPREHENSIVE HOUSING DIVISION

– LOAN APPLICATION –



Applicant	Last Name _____ First Name _____ Middle Name _____ Maiden Name _____ Date of Birth _____															
	Street _____		City _____	State _____	Zip Code _____											
	Telephone No: _____	Social Security Number _____	Roll No. _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Veteran <i>(check one)</i></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Marital Status: <i>(check one)</i></td> <td>Single <input type="checkbox"/></td> <td>Married <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Widowed <input type="checkbox"/></td> <td>Divorced <input type="checkbox"/></td> <td></td> </tr> </table>		Veteran <i>(check one)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Marital Status: <i>(check one)</i>	Single <input type="checkbox"/>	Married <input type="checkbox"/>				Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>
Veteran <i>(check one)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Marital Status: <i>(check one)</i>	Single <input type="checkbox"/>	Married <input type="checkbox"/>											
			Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>												
Co-Applicant (if applicable)	Last Name _____ First Name _____ Middle Name _____ Maiden Name _____ Date of Birth _____															
	Street _____		City _____	State _____	Zip Code _____											
	Telephone No. _____	Social Security Number _____	Roll No. _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Veteran <i>(check one)</i></td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>Marital Status: <i>(check one)</i></td> <td>Single <input type="checkbox"/></td> <td>Married <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Widowed <input type="checkbox"/></td> <td>Divorced <input type="checkbox"/></td> <td></td> </tr> </table>		Veteran <i>(check one)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Marital Status: <i>(check one)</i>	Single <input type="checkbox"/>	Married <input type="checkbox"/>				Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>
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			Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>												
General	Property Address:			Requested Financing												
	Street Address _____		City _____	WI State _____	Zip Code _____											
	Loan Type/Reason: (check one) <input type="checkbox"/> Financing the purchase or down payment of existing homes and lands <input type="checkbox"/> Construction of new home <input type="checkbox"/> Repairs and improvements to existing home <input type="checkbox"/> Refinancing existing mortgage															
	Do you have any type of tribal lease?		Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>	Co-Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>												
	Have you had a bankruptcy discharged within the past 2 years or are you currently involved in a bankruptcy proceeding?		Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>	Co-Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>												
Have you had property foreclosed upon or given title or deed in lieu of foreclosure in the past 7 years?		Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>	Co-Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>													
Do you intend to occupy the property as your primary residence?		Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>	Co-Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>													
Do you have any outstanding judgments and/or money collections? If so, please explain. _____		Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>	Co-Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>													

Employment income is required to be verified with the Employment Income Verification Form which requires check stubs for the previous 30 days if employed by an employer or tax returns for the previous 2 years if self-employed. You must also include all verifiable non-employment related income, including but not limited to, social security, disability, pensions, TANF, per capita, etc. For purposes of verification, monthly bank account statements showing deposits are sufficient verification.

Income Information

Applicant

Co-Applicant

Employment Income _____ Employment Income _____

Non-Employment Related Income _____ Non-Employment Related Income _____

Total Monthly Gross Income **\$** _____ Total Monthly Gross Income **\$** _____

List Sources of Non-Employment Related Income:

List Sources of Non-Employment Related Income:

Certification

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.

Applicant's Signature **Date** **Co-Applicant's Signature** **Date**

**ONEIDA NATION COMPREHENSIVE HOUSING DIVISION
 – AUTHORIZATION FOR RELEASE OF INFORMATION –**



I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, business or individuals to furnish information concerning myself and/or my household to the Comprehensive Housing Division (CHD), its duly authorized representative and/or its contracted agent for purpose of verifying my eligibility to receive benefits from CHD.

Any individual or organization including any governmental agency may be asked to release information including, but not limited to: courts, law enforcement agencies, background screening agencies, employers, State Unemployment Agency, previous landlords, support and alimony providers, Social Security Administration, U.S. Department of Veterans Affairs, utility companies, medical professionals and facilities, child care providers, banks and other financial institutions, credit reporting agencies, social service and welfare agencies, public housing agencies, retirement systems, and schools/colleges.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include, but are not limited to: identity, employment, income, marital status, residential history, household composition, medical expenses, assets, debts, credit history, criminal history, financial benefits, and school enrollment.

I agree that the Oneida Nation and CHD may conduct computer matching programs with other governmental agencies including federal, state, tribal, or local agencies. The government agencies include but are not limited to: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the applicant.

I understand I have a right to review any information received in accordance with my release, and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 12 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance or tenancy, or both.

_____	_____	_____	_____
Applicant	Print Name	Date	Social Security Number

_____	_____	_____	_____
Co-Applicant	Print Name	Date	Social Security Number

_____	_____	_____	_____
Adult (18 & over) Household Member	Print Name	Date	Social Security Number

_____	_____	_____	_____
Adult (18 & over) Household Member	Print Name	Date	Social Security Number

_____	_____	_____	_____
Adult (18 & over) Household Member	Print Name	Date	Social Security Number

_____	_____	_____	_____
Adult (18 & over) Household Member	Print Name	Date	Social Security Number

ONEIDA NATION COMPREHENSIVE HOUSING DIVISION
– EMPLOYMENT INCOME VERIFICATION FORM –



This Section to be completed by Applicant

Name: _____

Street _____ Apt. No. _____ City _____ State _____ Zip Code _____

Employee/Applicant authorizes the release of information.

Employee/Applicant's Signature _____ Date _____



This Section to be completed by Employer

Occupation/Position _____ Date of Employment _____

Base Rate Per Hour _____ Average Hours Per Week _____

Seasonal/Temporary Job: No Yes Average number of weeks laid off: _____

Company Name _____

Employer's Signature _____ Date _____

Print Name & Title _____

Telephone Number _____

ONEIDA NATION COMPREHENSIVE HOUSING DIVISION
– EMPLOYMENT INCOME VERIFICATION FORM –



This Section to be completed by Applicant

Name: _____

Street _____ Apt. No. _____ City _____ State _____ Zip Code _____

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