

ONEIDA NATION COMPREHENSIVE HOUSING DIVISION

✧ LOAN APPLICATION INSTRUCTIONS ✧



- This Loan Application only applies to mortgages offered through the Comprehensive Housing Division. 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.
- Carefully read all parts of the Loan Application. Please **fully** and **clearly** complete each section. Incomplete applications will be returned via mail within 3 business days, with a cover letter stating what is missing and will not be considered until complete - **no exceptions**.
- In accordance with the Mortgage and Foreclosure law and rule, loan applicants must meet the following conditions to be eligible:
 - Be at least 18 years or older at the time of application.
 - Be an enrolled Oneida tribal member.
 - Not have a discharged bankruptcy within 2 years of the date of the application.
 - Not be involved in a bankruptcy proceeding that has not yet been discharged at the date of application.
 - Not have any mortgages foreclosed upon within 7 years from the date of application.
 - Have a minimum Trans Union credit rating of 550.
 - Have a maximum debt to income ratio of 36%.
 - Per capita income is required to be verified with supporting tax documents for each of the 5 years prior to application.
 - Child support payments and educational grants/scholarships are **not** included as income.
 - A non-Oneida joint applicant must be legally married to an enrolled Oneida to be eligible to apply.
 - 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.
- **In order to be valid, the application must be fully complete, signed and submitted to the Comprehensive Housing Division, located at 2913 Commissioner Street, Oneida, WI 54155, with all the following:**

A copy of the applicant/co-applicant's Driver's License

A copy of the applicant/co-applicant's Tribal Identification Card(s)

A completed Employment Verification Form for each applicant

Proof of Income

- If employed, the check stubs for the previous 30 days are required.
- If self-employed, the two (2) previous years' income tax returns are required.
- If receiving non-employment related income (social security, disability, pensions, etc.) verification for the last six (6) months are required.

Any questions regarding the application process can be directed to the Loan Officers at 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 _____													
	Physical Living Address/ Street Address (no PO BOX address) _____		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 style="width: 15%;">Yes</td> <td style="width: 15%;">Marital Status: <i>(check one)</i></td> <td style="width: 15%;">Single</td> <td style="width: 15%;">Married</td> </tr> <tr> <td></td> <td>No</td> <td></td> <td>Widowed</td> <td>Divorced</td> </tr> </table>		Veteran <i>(check one)</i>	Yes	Marital Status: <i>(check one)</i>	Single	Married		No		Widowed
Veteran <i>(check one)</i>	Yes	Marital Status: <i>(check one)</i>	Single	Married										
	No		Widowed	Divorced										
Co-Applicant (if applicable)	Last Name _____ First Name _____ Middle Name _____ Maiden Name _____ Date of Birth _____													
	Physical Living Address/ Street Address (no PO BOX address) _____		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 style="width: 15%;">Yes</td> <td style="width: 15%;">Marital Status: <i>(check one)</i></td> <td style="width: 15%;">Single</td> <td style="width: 15%;">Married</td> </tr> <tr> <td></td> <td>No</td> <td></td> <td>Widowed</td> <td>Divorced</td> </tr> </table>		Veteran <i>(check one)</i>	Yes	Marital Status: <i>(check one)</i>	Single	Married		No		Widowed
Veteran <i>(check one)</i>	Yes	Marital Status: <i>(check one)</i>	Single	Married										
	No		Widowed	Divorced										
General	Property Address:			Requested Financing										
	Street Address _____		City _____	WI _____	State _____ Zip Code _____									
	Loan Type/Reason: (check one) <input type="checkbox"/> Residential Sales Home Financing the purchase or down payment of existing homes <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		Co-Applicant									
Have you had a bankruptcy discharged within the past 2 years or are you currently involved in a bankruptcy proceeding?		Yes	No	Yes	No									
Have you had property foreclosed upon or given title or deed in lieu of foreclosure in the past 7 years?		Yes	No	Yes	No									
Do you intend to occupy the property as your primary residence?		Yes	No	Yes	No									
Do you have any outstanding judgments and/or money collections? If so, please explain. _____														

**Income
Information**

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, per capita, etc. For purposes of verification, monthly bank account statements showing deposits are sufficient verification.

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	_____ Sign Name	_____ Date	_____ Social Security Number
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_____ Co-Applicant	_____ Sign Name	_____ Date	_____ Social Security Number
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_____ Adult (18 & over) Household Member	_____ Sign Name	_____ Date	_____ Social Security Number
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_____ Adult (18 & over) Household Member	_____ Sign Name	_____ Date	_____ Social Security Number
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ONEIDA NATION COMPREHENSIVE HOUSING DIVISION
– EMPLOYMENT INCOME VERIFICATION FORM –



This Section to be completed by Applicant

Name: _____

Physical Living Address/ 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

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