

Comprehensive Housing Division  
 2913 Commissioner Street  
 PO Box 68  
 Oneida WI 54155  
 Phone: (920) 869-2227  
 Fax: (920) 869-2836



**Mission Statement: To provide safe and affordable housing opportunities for enrolled Oneida members within the reservation boundaries**

**This application will serve for the following rental programs**

- ▶ Income Based Rental Program
- ▶ Income Based Rent-to-Own Program
- ▶ General Rental Program
- ▶ Elder Rental Program (Elder Service Apartments)

**Application Process**

- Please Read carefully all parts of the rental application. Application must be signed to be valid. Fully and clearly complete each section, as incomplete applications will be returned – no exceptions
- All required verifications **MUST** be submitted with completed application or application will not be accepted
  - Social Security Cards (all household members)
  - Tribal ID or Enrollment Letter, State ID (all adults)
  - Income Last 30 Days (all adults)
- Criminal background check will be conducted on each adult in the household, criteria varies for each program.
- Utility background check will be conducted on each adult in household
- Per Capita is included as income



Our application can now be found online located at: <https://oneida-nsn.gov/resources/housing/tenant-information/chd-rental-application/>

The Comprehensive Housing Division (CHD) will determine eligibility and applicant will be sent notification by mail. If determined eligible applicant will be placed on an application wait list. When units become available the program will select applicants from waitlist according to application date. It is important to keep CHD informed of your contact information, address and phone number so when unit becomes available we may reach you. Applications are renewed annually, and you will receive an Update Packet that must be returned to remain on Application Waiting List.

**Max Limits apply for Income Based Rental and Rent to Own Home Ownership Programs – Minimum Income \$650 for rental, Rent-to-own is \$30,000 annually**

2025	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<b>Maximum Income</b>	\$58,250	\$66,600	\$74,900	\$83,200	\$89,900	\$96,550	\$103,200	\$109,850



## Rental Program Overview

Applications must be complete and have the required verifications to be submitted. Applicants can apply for more than one (1) program. All programs are managed by wait list with units being offered based on the date of application it was submitted. It is important to keep Comprehensive Housing Division (CHD) informed of your contact information address and phone number.

### Income Based Rental Program

- At least one enrolled Oneida within the household
- Must meet minimum household income of \$650 per month
- Cannot exceed maximum income limits – per household size
- Cannot owe more than \$200 to a utility provider
- Cannot have prior debt with CHD
- Applicants seeking Elder specific units must be 62 or older
- Must not have residential land lease
- Criminal Convictions vary for each program -Must not be a life-time registered sex offender

### General Rental Program

- At least one head of household is required to be Oneida enrolled
- Debt-to-Income Ratio cannot exceed 50%
- Cannot owe more than \$200 to a utility provider
- Cannot have prior debt with CHD
- May not have credit report showing more than 5 accounts past due and/or in collection, excluding medical bills
- Must not have Residential Land Lease
- Criminal Convictions vary for each program

### Income Based Rent-to-Own Program

- At least one head of household required to sign the agreement is required to be Oneida enrolled
- At least one dependent minor that is a full-time dependent of the head of household is required
- Cannot exceed maximum income limits – per household size
- Must meet minimum household income of \$30,000 per year
- Cannot owe more than \$200 to a utility provider
- Cannot have prior debt with CHD
- Current homeowners are not eligible to participate in the rent-to-own program
- Criminal Convictions vary for each program - Must not be a life-time registered sex offender

### Elder Rental Program – Elder Service Apartments

- At least one head of household is required to be Oneida enrolled
- Applicant must be age 55 or older
- Must demonstrate ability to meet financial requirements of rental agreement
- May not have any outstanding debt to utility provider
- Cannot have prior debt with CHD
- May not have credit report showing more than 5 accounts past due and/or in collection, excluding medical bills
- Must not have Residential Land Lease
- Criminal Convictions vary for each program

# ONEIDA NATION COMPREHENSIVE HOUSING DIVISION RENTAL APPLICATION



Please check program(s) applying for:  Income Based Rental  General Rental  Rent-to-Own  Elder Rental

<b>Applicant</b>	Last Name _____ First Name _____ Middle Name _____ Maiden/Alias Name _____ Date of Birth _____							
	Physical Address _____		City _____	State _____	Zip Code _____	Mailing Address (if different) _____		Email Address _____
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced							
	Phone Number _____		Social Security Number _____		Enrollment # _____		<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	
<b>Co-Applicant (If applicable)</b>	Last Name _____ First Name _____ Middle Name _____ Maiden/Alias Name _____ Date of Birth _____							
	Physical Address _____		City _____	State _____	Zip Code _____	Mailing Address (if different) _____		Email Address _____
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced							
	Phone Number _____		Social Security Number _____		Enrollment # _____		<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	
<b>Household Information</b>	List ALL household members that will live with you. Unborn children list expected due date and use an additional sheet to include all members if needed.							
	Name	DOB or Due Date	Social Security Number	Relationship	Tribe & Enrollment Number	Male/Female	Current Placement	

ONEIDA NATION COMPREHENSIVE HOUSING DIVISION RENTAL APPLICATION



**Must report ALL household income and provide verification**

Income Information

Type of Income	Yes	No	Recipient Name	Gross Monthly Amount	Recipient Name	Gross Monthly Amount
Employment						
VA/Military Benefits						
Unemployment Insurance Compensation						
SSB: Retirement, Survivors, Disability, SSI						
Retirement Pension: Federal, State, Tribal, RR						
Caretaker Supplement						
Child Support Payments						
Kinship						
Worker's Compensation						
Short/Long Term Disability						
TANF/W2						
General Welfare Assistance Payment (GWA)						
Insurance/Settlement/Lottery						
Self-Employment (working for cash)						

General Information

Has anyone listed in the application rent/own home with Comprehensive Housing Division: Yes No

Does anyone listed in the application have unpaid balances owed to Comprehensive Housing Division: Yes No

Does anyone listed in the application have a Felony, Drug, or Act of Violence Conviction: Yes No

Is any household member listed in the application subject to lifetime sex offender registration: Yes No

Will anyone under age 18 listed within Household Information section live in the unit less than 50% of the next 12 months Yes No  
 If yes, list child(ren) name and explain: \_\_\_\_\_

Does your family have any pets? Yes No If Yes, How many: \_\_\_\_\_ What kind (cat/dog): \_\_\_\_\_

Has anyone listed in the application lived in another State: Yes No If yes, please list: \_\_\_\_\_

**ONEIDA NATION COMPREHENSIVE HOUSING DIVISION RENTAL APPLICATION**



<b>Accommodations</b>	Does anyone household member have a permanent disability that requires use a wheelchair/scooter: <span style="float:right"><input type="checkbox"/>Yes <input type="checkbox"/>No</span> Is anyone household member physically unable to occupy a rental unit that has stairs: <span style="float:right"><input type="checkbox"/>Yes <input type="checkbox"/>No</span> Does any household member require any type of accommodations to occupy a rental unit: <span style="float:right"><input type="checkbox"/>Yes <input type="checkbox"/>No</span> If yes, explain: _____ _____
<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.  _____ Applicant's Signature <span style="margin-left: 150px;">Date</span> <span style="margin-left: 150px;">Co-Applicant's Signature</span> <span style="margin-left: 150px;">Date</span>

**OFFICE USE ONLY**

<b>Office Use Only</b>	Criminal Background Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No    Child Support Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No    Application Date: _____ CHD Balances Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No    Sex Offender Registry Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Utilities Completed: GB Water <input type="checkbox"/> Faxed _____ <input type="checkbox"/> Yes _____    Oneida Utility <input type="checkbox"/> Faxed _____ <input type="checkbox"/> Yes _____ WPS <input type="checkbox"/> Faxed _____ <input type="checkbox"/> Yes _____    WE Energies <input type="checkbox"/> Faxed _____ <input type="checkbox"/> Yes _____ Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No    Staff Signature: _____    Date: _____ Comments: _____ _____ _____ _____ _____
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**Oneida Comprehensive Housing Division  
Rental Application Checklist**



**Please Provide Copies of the Following Required Verifications**

	Applicant	Office
• Oneida Nation Tribal Enrollment (Tribal ID card or Enrollment Letter)	<input type="checkbox"/>	<input type="checkbox"/>
• State Picture ID's (All Adults)	<input type="checkbox"/>	<input type="checkbox"/>
• Social Security Cards for all household members • Hospital Footprints for Newborn Babies	<input type="checkbox"/>	<input type="checkbox"/>
• Most Recent Utility Bills (Water, Heat, Electric, Gas, Etc.) Must be under \$200 • Propane, fuel oil, or out of state vendors must provide most current billing statement	<input type="checkbox"/>	<input type="checkbox"/>
• Non-Custodial Parents/Legal Guardians provide court order of placement or statement from Child Protective Services or Social Worker	<input type="checkbox"/>	<input type="checkbox"/>

**INCOME VERIFICATION**

	Applicant	Office
• Employment – Weekly =4 paystubs Bi-Weekly/Semi-Monthly =2 paystubs Monthly =1 paystub	<input type="checkbox"/>	<input type="checkbox"/>
• Unearned Income – Provide Award Letter or Bank Statement (TANF/W2, Unemployment, Child Support, SSI, SSDI, VA, Pension, Short/Long Term Disability, Kinship, Per Capita)	<input type="checkbox"/>	<input type="checkbox"/>
• Self-Employment – Must be provide must current tax return to include all schedules/K1	<input type="checkbox"/>	<input type="checkbox"/>
• Other Verifiable Income	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER INFORMATION**

	Applicant	Office
• Release of Information Form (included with application must be signed)	<input type="checkbox"/>	<input type="checkbox"/>
• Statement from physician if accommodations are needed (no stairs, wheelchair, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

**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 agency for purpose of verifying my eligible 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 included, 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 that 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 correct.

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 Applicant 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