

Application Information	Joint Application Information This side is for OTHER individual paying portion of rent
Last Name: _____ First Name: _____ M Initial: _____	Last Name: _____ First Name: _____ M Initial: _____
Present Address: _____ City: _____ State: _____ Zip: _____	Present Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____	Home Phone: _____ Work Phone: _____
Social Security Number: _____ - _____ - _____ Date of Birth: _____	Social Security Number: _____ - _____ - _____ Date of Birth: _____
Enrolled member of the Oneida Nation of Wisconsin? <input type="checkbox"/> No <input type="checkbox"/> Yes Roll Number _____	Enrolled member of the Oneida Nation of Wisconsin? <input type="checkbox"/> No <input type="checkbox"/> Yes Roll Number _____
List of dependents: (Individual under 18 years of age)	List of dependents: (Individual under 18 years of age)
Name: _____ Age: _____ M/F	Name: _____ Age: _____ M/F
Name: _____ Age: _____ M/F	Name: _____ Age: _____ M/F
Name: _____ Age: _____ M/F	Name: _____ Age: _____ M/F
Name: _____ Age: _____ M/F	Name: _____ Age: _____ M/F
PRESENT EMPLOYER/SOURCE OF INCOME	PRESENT EMPLOYER/SOURCE OF INCOME
Present Employer: _____ Length of Employment: _____	Present Employer: _____ Length of Employment: _____
Phone: _____ Supervisor: _____	Phone: _____ Supervisor: _____
Rate of Pay: \$ _____ Per Hour Hours per Week: _____ Part/Full Time	Rate of Pay: \$ _____ Per Hour Hours per Week: _____ Part/Full Time
Address: _____ City: _____ State: _____ Zip: _____	Address: _____ City: _____ State: _____ Zip: _____
PREVIOUS EMPLOYER IF LESS THAN 2 YEARS	PREVIOUS EMPLOYER IF LESS THAN 2 YEARS
Previous Employer: _____ Length of Employment: _____	Previous Employer: _____ Length of Employment: _____
Address: _____ Phone Number: _____	Address: _____ Phone Number: _____
ALL OTHER INCOME All income needs to be verified	ALL OTHER INCOME All income needs to be verified
Housing Allowance: <input type="checkbox"/> No <input type="checkbox"/> Yes Amt. Per Month: \$ _____	Housing Allowance: <input type="checkbox"/> No <input type="checkbox"/> Yes Amt. Per Month: \$ _____
AFDC: \$ _____ Per Month SSI: \$ _____ Per Month	AFDC: \$ _____ Per Month SSI: \$ _____ Per Month
Other: (Child Support, Grants, etc.)	Other: (Child Support, Grants, etc.)

Total Gross Amount: \$_____ Per Month	Total Gross Amount: \$_____ Per Month
---------------------------------------	---------------------------------------

Division of Land Management
 Single/Multi Family Application
 Page 2

PRESENT LANDLORD/MORTGAGE HOLDER All Landlord/Mortgage Holder Needs to be verified	PRESENT LANDLORD/MORTGAGE HOLDER All Landlord/Mortgage Holder Needs to be verified
Contact Name: Phone:	Contact Name: Phone:
Address:	Address:
City: State: Zip:	City: State: Zip:
Current Rental Rate: \$__ _____ Per Month	Current Rental Rate: \$__ _____ Per Month
Length of Renting: 1-11 Months, 1 2 3 4 5 6 7+ Years	Length of Renting: 1-11 Months, 1 2 3 4 5 6 7+ Years
For Mortgage Only	For Mortgage Only
Present Mortgage	Present Mortgage
Monthly Mortgage Payment: \$_____ ____ Per Month	Monthly Mortgage Payment: \$_____ ____ Per Month
Do you own any real estate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you own any real estate? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain:	If yes, please explain:
Are you indebted to any programs within the Oneida Nation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:	Are you indebted to any programs within the Oneida Nation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain:
References	References

Credit References and Phone Numbers: 1. 2. 3.	Credit References and Phone Numbers: 1. 2. 3.
Family References: Name and Phone Number (will be considered Emergency Contacts) 1. 2. 3.	Family References: Name and Phone Number (will be considered Emergency Contacts) 1. 2. 3.