

Oneida Nation of Wisconsin Housing Assistance Application

PLEASE DETACH THIS SHEET FOR YOUR INFORMATION

Dear Applicant:

Attached is the Housing Assistance Application for the Oneida Nation of Wisconsin. This application represents a joint effort by tribal entities with a common interest in housing related topics. The design of this application is such that you, the applicant, will need to fill out less applications than in the past.

This application serves as the main application for areas such as:

- Oneida Housing Authority (OHA)
- Division of Land Management (DOLM) - Property Management Rentals
- Elderly Services

A copy of your application will be forwarded to the Comprehensive Housing Coordinator, located at DOLM. The Comprehensive Housing Coordinator will enter your information into a database designed to capture information related to housing needs within the Oneida Nation of Wisconsin.

In the event you have obtained this application from a source other than the Comprehensive Housing Coordinator, please set a meeting date with the Comprehensive Housing Coordinator to discuss your housing situation and identify potential resources that may be of assistance.

Please return your completed application to:

Division of Land Management
C/O Comprehensive Housing Coordinator
PO Box 365
Oneida, WI 54155

**All returned applications will be forwarded to the appropriate entity based on the information shared (preferably in a one-on-one meeting setting) with the Comprehensive Housing Coordinator.*

If there are any questions, please feel free to contact the Comprehensive Housing Coordinator.

Thank you.

Scott Denny
Comprehensive Housing Coordinator
800-684-1697
sdenny@oneidanation.org

**ONEIDA NATION OF WISCONSIN
HOUSING ASSISTANCE APPLICATION**

In order to properly process your application, all questions must be answered. Your application will then be sent to one of the following entities for further processing and assistance: Oneida Housing Authority
 Division of Land Management
 Social Services
 Elderly Services
 Loan Programs

A staff member will be available to assist you in completing the application and to answer any questions you may have.

I. APPLICANT INFORMATION

Name _____
 Last First Middle Maiden name (if applicable)

CURRENT ADDRESS _____
 Street/P.O. Box

 City State Zip Code

TELEPHONE _____
 Area code

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

TRIBE _____ ROLL NUMBER _____

MARITAL STATUS ___ MARRIED ___ SINGLE ___ WIDOWED ___ DIVORCED

ARE YOU IN A LONG TERM RELATIONSHIP WITHOUT MARRIAGE? ___ YES ___ NO

ARE YOU A VETERAN? ___ YES ___ NO

II. CO-APPLICANT INFORMATION

(if applicable)

NAME _____
 Last First Middle Maiden name (if applicable)

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

TRIBE _____ ROLL NUMBER _____

ARE YOU A VETERAN? ___ YES ___ NO

IS YOUR ADDRESS THE SAME AS THE APPLICANT'S? ___ YES ___ NO

IF NOT PLEASE PROVIDE CURRENT ADDRESS. _____
 Street / P.O. Box

 City State Zip Code

III. HOUSEHOLD INFORMATION

List all other persons living in your household. Please include extended family members if applicable.

NAME DATE OF BIRTH RELATIONSHIP TRIBE AND ROLL #

Attach an additional sheet if necessary.

Please list any pets you may own. _____

Number of bedrooms needed for your household: _____

IV. INCOME INFORMATION

Household Income: Starting with the applicant, list all household occupants 18 years of age and older with their incomes and the source of their income. **Income must be verified with the attached form for each income earning person.**

NAME ANNUAL INCOME SOURCE OF INCOME

What is your current employment status? _____

V. PURPOSE OF REQUEST

(Check all that apply)

- I would like to:
- A. _____ Purchase a home
 - B. _____ Rent a home
 - C. _____ Rent an apartment
 - a. _____ Rent an Elder Apartment
 - D. _____ Do repairs on my existing home
 - E. _____ Build an addition
 - F. _____ Build a new home
 - G. _____ Apply for a tribal land lease

If you are planning on doing home repairs, please provide the location of your home and a list of the repairs you would like done. _____

Have you applied for any type of housing assistance? ___ Yes ___ No

If yes, please provide the name of the institution to which you applied , date of application, and written proof of denial. _____

VI. CURRENT HOUSING INFORMATION

1. Current housing status: ___ Homeless ___ Rent ___ Own
- 1a. If you are homeless, do you have accessibility to shelter of any kind?
___ Yes ___ No
Please explain your situation: _____

- 1b. How long have you been homeless? _____
- 1c. Are you living with relatives? ___ Yes ___ No
- 1d. Are you living with friends? ___ Yes ___ No
2. If you rent, please provide your landlord's name, address and phone number.

- 2a. How long have you rented from this landlord? _____

EMERGENCY REQUEST: What are your current circumstances? _____

VII. GENERAL INFORMATION

1. Does anyone listed in this application under "Household Information" have a severe health problem, handicap, or permanent disability? ___ Yes ___ No
If yes, please provide the name of the individual and a brief description of the condition.

Please submit documentation from two of the following sources verifying the individuals circumstance:

- The individuals physician.
- A second doctor's opinion.
- The Veteran's Administration.
- The Social Security Administration.

2. Have you ever been charged or convicted of a misdemeanor or a felony?
___ Yes ___ No
- 2a. If yes, please explain and include dates. _____

3. Is there any other information or circumstance(s) you wish to have considered in this application for the Oneida Nation Housing Program? Yes No

If yes, please explain. _____

IF YOU OWN A HOME, PLEASE COMPLETE SECTION VIII, IF NOT, GO TO SECTION IX.

VIII. HOME OWNERS

1. If you own your home, is it subject to an existing mortgage or lien? Yes No

2. Identify mortgage or lien holders:

NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE

3. When did you purchase your home? _____

3a. How old is the house? _____

3b. Is there a Tribal land lease? Yes No

3c. When was the lease issued? _____

4. Are you currently living in this house? Yes No

4a. If no, is someone else living in the house and are you receiving an income from the house? Yes No

4b. If yes, how much do you collect annually? _____

5. Do you have an outstanding Tribal Housing loan? Yes No

6. Do you live in a Mutual Help House built with Housing and Urban Development (HUD) funds? Yes No

6a. If yes, is the HUD project still under the operation of the Oneida Housing Authority? Yes No

(NOTE : THE EXISTENCE OF A MORTGAGE / LIEN MAY NOT PROHIBIT PARTICIPATION IN ANY PROGRAM, BUT AN OVERALL DEDUCTION IN POINTS MAY RESULT.)

IX. LAND AND INFRASTRUCTURE INFORMATION

IF YOU OWN LAND WITHIN THE RESERVATION BOUNDARIES, PLEASE COMPLETE THIS SECTION, IF NOT, GO TO SECTION X.

1. What is the status of the land? Individual Fee Tribal Fee Individual Trust Tribal Trust
2. If you own the land, how is it held? Sole Ownership Joint Tenancy Tenancy in common Other Please explain _____
3. If you do not own the land, how is it held? Leasehold interest Use Permit Assignment Please explain _____

 Other Please explain _____
4. What type of system are you currently using?
SEWER: City Sewer Septic Chemical toilet Other
5. WATER SOURCE: City Private Well Community Tank

X. APPLICANT CERTIFICATION AND AUTHORIZATION

NOTE: FAILURE TO PROVIDE SUFFICIENT DATA DECREASES THE LIKELIHOOD OF OBTAINING ASSISTANCE FROM THE ONEIDA TRIBE OF INDIANS OF WISCONSIN.

PLEASE READ THIS CERTIFICATION CAREFULLY BEFORE SIGNING AND DATING YOUR APPLICATION. USE BLACK OR BLUE INK.

CERTIFICATION

I 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 criminal prosecution , civil liability, or both.

AUTHORIZATION

The following is an authorization allowing the Housing Staff to seek out pertinent information from other sources regarding your application for housing and/or financial assistance.

I/We, the undersigned give permission to release information to the Housing Staff that will assist in determining my/our eligibility for housing and/or financial assistance.

Applicant's Signature _____ Date _____

Co-Applicant's Signature (if applicable) _____ Date _____

**ONEIDA NATION OF WISCONSIN
HOUSING ASSISTANCE APPLICATION**

-Employment Income Verification Form-

This Section To Be Completed By Applicant

Date_____

Employee Name_____

Address_____

Dear Sir/Madam;

Please supply the information requested below and return this completed form to the applicant as soon as possible. The information provided will be held in strict confidence and used only to determine your employee's eligibility for housing assistance in the most applicable program.

Attached for your record is an Authorization For Release Of Information signed by the above referenced individual.

Thank you.

Oneida Nation and Oneida Housing Authority

This Section To Be Completed By Employer

Employee Name:_____

Address:_____

Occupation/Position: _____

Date of Employment_____ Length of Employment_____

Employment Status: _____Permanent _____Temp _____Full Time _____Part Time

Employment Standing: _____Still Employed _____Terminated Term Date_____

Salary - Base Pay Rate Per Hour:_____

Average Hours Per Week At Base Pay Rate:_____

Is Employee on Disability, Workman's Compensation, Unemployment, or Leave of Absence W/O pay?_____

Company Name_____ Date_____

Phone Number_____ Fax Number_____

Employer Signature & Title_____

Employee Signature_____ Date_____

**ONEIDA NATION OF WISCONSIN
HOUSING ASSISTANCE APPLICATION**

-Rental/Landlord Verification Form-

This Section To Be Completed By Applicant _____

Date _____

Tenants Name _____

Address _____

The above referenced individual has applied for housing and/or assisted housing under an Oneida Nation and/or Oneida Housing Authority (OHA) program. Please supply the information requested below and return this completed form to the applicant at your earliest convenience. The information provided will be help in strict confidence and used solely to determine the applicant's eligibility for the applicable housing program.

Attached for you record is an Authorization for Release Of Information signed by the above referenced individual.

Thank you.

Oneida Nation and Oneida Housing Authority

This Section To Be Completed By Landlord

What is the currently monthly rental rate? _____

Do you receive Section 8 Housing Vouchers? _____ If yes, \$ _____ per month

Does tenant pay rent on time? _____ Length of Tenancy _____

Does tenant owe back rent? _____ Amount? _____

Does tenant maintain home (normal wear and tear)? _____

Does tenant have history of complaints or damage done by tenant and/or guests? _____

Reason for moving? _____

Would you rent to this tenant again? _____

Was lease agreement terminated due to an eviction? _____ No _____ Yes

Was the lease agreement terminated on a mutual consent basis? _____ No _____ Yes

Signature of Landlord

Date

Landlord Contact Number

Landlord Fax Number

Applicant Signature

Date

Co-Applicant Signature

Date

**ONEIDA NATION OF WISCONSIN
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VERIFICATION OF STUDENT STATUS
Primary or Secondary Education

I. This Section To Be Completed By Parent/Guardian:

The Oneida Housing Authority (OHA) requires student status verification to determine eligibility for its family housing program.

Student(s)	School Address and Phone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I hereby request that you provide information regarding students listed above. I understand that this information will be kept confidential and will be used only for the program purposes.

Signature _____ Date _____
Parent/Guardian

II. This Section To Be Completed By School Official:

This is to certify that the above listed student(s) is enrolled at this school.

Student(s) Home Address: _____

Parent/Guardian responsible for student(s): _____

Education Institution & Address: _____

Telephone: _____ Fax: _____

Signature: _____ Title: _____

**ONEIDA NATION OF WISCONSIN
HOUSING ASSISTANCE APPLICATION**

DOCUMENTATION & VERIFICATION

When applying for housing with Oneida Housing Authority (OHA), every page and/or form of this application packet must be completely filled out. Every page that requires signatures must be signed and dated by every adult person, age 18 and over, listed in your household.

The following documents are required and must be attached to your application for OHA. The front desk staff at OHA will copy your documents and return your originals to you.

1. Tribal Identification Cards for each tribal member in the household.
2. Picture I.D. Cards for all adults in the household.
3. Social Security Cards for all members of the household. Birth Certificates are required for all newborn children.
4. Verification of Income for all members of the household. If you are employed, please attach four (4) recent check stubs. Also, provide any/all documents that verify income and all sources of income including; wages from a job, Child Support Payments, Social Security, SSI, TANF, COP Kinship Care, Bank Statements, Tribal Per Capita Payments, Financial Aid Awards, as well as any/all other income received by all household members. If you do not have verification of income, please submit last year's Federal Tax Return and W2 forms.
5. Letter from landlord or Landlord Verification must be completed, signed, and dated by landlord/manager.
6. Verification of paid or current utility bills and/or statements referencing utilities included in rent.
7. A background investigation will be conducted on each adult member, age 18 and older, in the household.
8. Please submit a medical statement of Special Needs, if applicable.

I understand that I must supply the above documentation for Oneida Housing Authority to consider my application. In addition, I understand that the information obtained from the above resources will be used to determine eligibility for the OHA Rental Program. In conclusion, I understand that providing incomplete, inaccurate or misleading information may result in denial of my application.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____