

# Oneida Nation of Wisconsin Housing Assistance Application

## **\*PLEASE READ CAREFULLY\***

Keep this page for your information

Dear Applicant:

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

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

Please contact Scott Denny, Comprehensive Housing Coordinator, to set up a one-on-one meeting to discuss your housing needs and determine which area(s) to best route your application.

Scott Denny, Comprehensive Housing Coordinator  
800-684-1697 ext. 1811  
[sdenny@oneidanation.org](mailto:sdenny@oneidanation.org)

All fully completed and returned applications will be forwarded to the appropriate area based on your housing needs and which area best meets your needs.

Please return your fully completed application to:

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

Thank you.

**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 and 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 (water, electric, heat) 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: \_\_\_\_\_

**ONEIDA NATION OF WISCONSIN  
HOUSING ASSISTANCE APPLICATION**

This application must be fully completed to include information and requested paperwork related to you and your household. Failure to provide complete and/or accurate information may result in an application denial.

If you have questions please contact Scott Denny, Comprehensive Housing Coordinator at 800-684-1697 ext. 1811

**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

**Office Use Only**

Routing Checklist:

\_\_\_\_\_ Comprehensive Housing Coordinator

\_\_\_\_\_ DOLM Rental Leasing Specialist

\_\_\_\_\_ OHA Resident Service Specialist

\_\_\_\_\_ OHA Home Ownership Program

\_\_\_\_\_ OHA Transitional Living Program

\_\_\_\_\_ Elder Services

**III. HOUSEHOLD INFORMATION**

List all persons and family members that will live with you as part of your household. Please include due dates for unborn children.

Name	Date of Birth or Due Date	Relationship	Tribe & Roll #	Custody (circle one)	Social Security Number
				Split / 100%	
				Split / 100%	
				Split / 100%	
				Split / 100%	
				Split / 100%	
				Split / 100%	

Number of bedrooms needed for your household: \_\_\_\_\_

Do you own any pets?     Yes     No

**IV. INCOME INFORMATION**

Household Income: All verifiable income being received by all members of the household. Employment income must be verified with the attached Employment Verification Form.

List non-employment income received by each household member.  
(Example - Social Security, Disability, Pensions, TANF, Child Support, Per Capita, etc)

Name	Monthly Amount	Source of Income

**V. PURPOSE OF REQUEST**

(Check all that apply)

- I would like to:
- A.  Purchase or build a home
  - B.  Rent a home or apartment
    - a.  Rent an Elder Apartment
  - C.  Transitional Housing
  - D.  Build an addition
  - E.  Do repairs on my existing home

If you are planning on doing home repairs, please provide the location of your home and a list of the repairs you expect to complete. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. \_\_\_\_\_  
\_\_\_\_\_

Have you ever previously been a tenant with Oneida Housing Authority?

\_\_\_ Yes \_\_\_ No

### VI. CURRENT HOUSING INFORMATION

1. Current housing status: \_\_\_Homeless \_\_\_Rent \_\_\_Own \_\_\_ Family/Friends

1a. If you are homeless, do you have accessibility to shelter of any kind?

\_\_\_Yes \_\_\_No

1b. How long have you been homeless? \_\_\_\_\_

Please explain your situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **If you rent, please complete the attached Rental/Landlord Verification Form.**

Nature of 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

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***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**

**-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

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***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

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***This Section To Be Completed By Landlord***

Is the tenant currently in a lease agreement? \_\_\_\_\_ When does it expire? \_\_\_\_\_

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  
HOUSING ASSISTANCE APPLICATION**

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

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***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**

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

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***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: \_\_\_\_\_

