



# WTN TRIBAL HOUSING APPLICATION ELIGIBILITY CHECKLIST

- Tribal Housing Application Completed
  - Resident Screening & Verification of Employment Pages -  
**Highlighted areas are to be completed** by your Current Landlord & Job Manager **BEFORE** submission
- Copy of WTN Tribal ID or Certificate of Indian Blood
  - **HOUSING AVAILABLE ONLY TO WTN MEMBERS** - (PARENT OF ENROLLED MEMBER ACCEPTED)
- Copy of State ID or Driver's License
- ALL** Household Income Paystubs
  - (Work, Disability & SSI Paystubs, Etc.)
  - **MUST BE FULL TIME AT JOB FOR AT LEAST 6 MONTHS**
- Must not owe Monies to **ANY** Winnebago Tribe Entity
- Applicant & Co-Applicant must be at least 18 years old
- Any Applicants convicted or awaiting trial for illegal substances and/or major sex crimes are **INELIGIBLE TO APPLY– NO EXCEPTIONS!**

**IF YOU ARE ON THE WAIT LIST, YOU MUST RENEW YOUR APPLICATION EVERY 6 MONTHS.**

**FAILURE TO DO SO WILL RESULT IN YOUR REMOVAL FROM THE WAIT LIST!**

**YOUR APPLICATION IS INCOMPLETE IF ANY DOCUMENTATION IS MISSING.**

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**IF NOT COMPLETED WITHIN 2 WEEKS FROM DATE OF SUBMISSION, THE APPLICATION WILL BE VOID, AND A NEW APPLICATION IS REQUIRED!!**



# WINNEBAGO TRIBE OF NEBRASKA

Tribal Housing/E.H.R/ S.H.R Programs P.O Box 687 Winnebago, NE 68071

Visit us at [www.winnebagoTribe.com](http://www.winnebagoTribe.com)

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Date Received: \_\_\_\_\_ 1 2 3 Bedroom Size Requested \_\_\_\_\_ Handicap Accessible \_\_\_\_\_ Eligible \_\_\_\_\_

On the basis of the determination set for below, the applicant family named herein has been found to be  
\*\*\*\*\*

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

Primary Tenant/Applicant (First, Middle, Last)

Winnebago Tribe Enrollment Number

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Co-Applicant (First, Middle, Last)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
(Date of Birth)

CURRENT MAILING ADDRESS: \_\_\_\_\_

Street/P.O Box

(City)

(State)

(Zip Code)

Other Dependents to occupy unit:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

PERMANENT LIVING ADDRESS: \_\_\_\_\_

(House #)

(City)

(State)

(Zip Code)

PHONE: Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Presently Renting from: \_\_\_\_\_

(Name)

(Address)

(Phone)

From: \_\_\_\_\_ to: \_\_\_\_\_



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Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ License#: \_\_\_\_\_ State: \_\_\_\_\_

Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ License#: \_\_\_\_\_ State: \_\_\_\_\_

Are you a Veteran?  Yes OR  No

Have you ever been convicted of a felony?  Yes OR  No

If yes, please explain and include year:

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**I understand and agree that it is a responsibility of myself, or my co-applicant to update this application for housing every six months for the date of original submission.**

I further understand that no Notice or Reminder will be sent. If I fail to update my application, I am fully aware that my name will be removed from the waiting list.

\_\_\_\_\_  
(Initial & Date)

### PREVIOUS HOUSING HISTORY:

Rented From:

\_\_\_\_\_  
(Name) (Address) (Dates: From-To)

Reason for Leaving: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_

### REASON FOR MOVING FROM CURRENT RESIDENCE:

Substandard  Without Housing  Other (Please Specify) \_\_\_\_\_

Home Tested Positive for Meth/Illegal Substances



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### RESIDENT SCREENING VERIFICATION

Housing Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

*I hereby authorize the release of the requested information.*

\_\_\_\_\_  
Applicant Signature Date

Current or Former Landlord: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

**Dear Sir/Madam:**

Our resident selection policy obliges us to verify certain information about all members of families applying for admission to our apartment community. **To comply with this requirement, we ask for your cooperation in supplying us information on the tenant history of the family listed above.** This information will be used only in determining whether the applicant can be accepted for admission.

Your prompt return of this information will be appreciated. If you have any questions please call the Tribal Housing office, (402)-200-5371 ext 3401.

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**\*\*BOTTOM PORTION COMPLETED BY CURRENT/FORMER LANDLORD\*\***

Dates of Residency: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Rent Payment History: **Usually Current**  **Usually Late**  **Eviction Proceedings**

Condition of Unit: **Excellent**  **Good**  **Fair**  **Poor**

**Landlord Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_



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### Applicant/Co-Applicant Employment:

Status:

- Full-time    Part-time    Self-Employment    Student    Retired  
 Unemployed

EMPLOYED BY: \_\_\_\_\_

(Name)

(Address)

(Phone Number)

From \_\_\_\_\_ To: \_\_\_\_\_

(Position)

(Supervisor)

### Applicant/Co-Applicant Income History

**Need to provide proof of income. Please check one or all that applies to household members.**

- WAGES    SSI    ADC    Pension    V.A    OTHER

### References

\_\_\_\_\_  
(Name)

(Address)

(Phone Number)

\_\_\_\_\_  
(Name)

(Address)

(Phone Number)



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### VERIFICATION OF EMPLOYMENT & PAYROLL DEDUCTION

Housing Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby authorize the release of the requested information.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Dear Sir/Madam:**

Our resident selection policy obliges us to verify certain information about individuals applying for admission to our apartment community. **To comply with this requirement, we ask your cooperation in supplying us information on his/her employment and eligibility for automatic payroll deductions for rent payments.** This information will be used only in determining whether the family can be accepted for admission.

Your prompt return of this information will be appreciated. A stamped, self-addressed returned envelope is enclosed. If you have any questions, please call the Tribal Housing Office 402-204-8063.

Cordially, Winnebago Tribal Housing Representative

**\*\*BOTTOM PORTION COMPLETED BY EMPLOYER\*\***

Applicants Employment Start Date: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Position (check all that apply) **Permanent**  **Temporary**  **Part-time**  **Full-time**

Is the applicant/employee able to have his/her rent payments automatically payroll deducted? Yes  No

Employer Signature \_\_\_\_\_

Title \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



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### APPLICANT/TENANT AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

APPLICANT NAME \_\_\_\_\_

CO-APPLICANT \_\_\_\_\_

I authorize the release of confidential information necessary to make a determination of my eligibility for housing to the authorized representative of the Winnebago Tribal Housing Department, Winnebago, NE. I agree that photocopies of this portion of my application for housing along with copies of the signature section of this application will represent my consent to release information. This information may also include but is not limited to information from any employer, current or former landlord, or credit check. I understand that information needed to verify eligibility will be adequately protected against unauthorized disclosure for other purposes. This authorization shall be effective for a period of six (6) months.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-Applicant Signature)

\_\_\_\_\_  
(Date)



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### APPLICANT/TENANT AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION RELATED TO DRUG TESTING OF PRIOR RESIDENCES

Applicant Name \_\_\_\_\_

Co-Applicant \_\_\_\_\_

I authorize the release of confidential information related to any drug related test results performed by another Housing entity on any previous residence that I have previously occupied. I understand that this information is necessary to make a determination of my eligibility for housing to the authorized representative of the Winnebago Tribal Housing Department, Winnebago, NE. I agree that photocopies of this portion of my application for housing along with copies of the signature section of this application will represent my consent to release any drug testing results and information from any employer, current or former landlord. I understand that information needed to verify eligibility will be adequately protected against unauthorized disclosure for any other purposes. This authorization shall be effective for a period of twenty-four (24) months.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-Applicant Signature)

\_\_\_\_\_  
(Date)