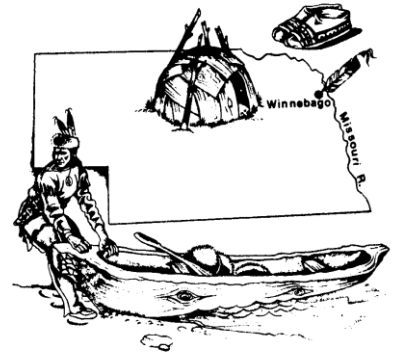


WINNEBAGO TRIBE of NEBRASKA

Tribal Housing/E.H.R. Programs P.O. Box 687 Winnebago, NE 68071
Phone: 402-878-3210 Fax: 402-878-2632



APPLICATION FOR ADMISSION

*****OFFICE USE ONLY*****
Date received: _____ 1 2 3 Bedroom Size Requested _____ Handicapped Accessible _____ Eligible for Admission

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)

PRIMARY TENANT/APPLICANT EMAIL ADDRESS _____

CO-APPLICANT/TENANT EMAIL ADDRESS _____

Other dependents to occupy unit:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

PERMANENT LIVING ADDRESS: _____
(House #) (City) (State) (Zip)

PHONE: Work: _____ Home: _____ Other: _____

Presently renting from: _____
(Name) (Address) (Phone)

From: _____ To: _____
(Date) (Date)

Make of car: _____ Year: _____ License #: _____ State: _____
 Make of car: _____ Year: _____ License #: _____ State: _____

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

If yes, explain: _____

NOTICE:

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)

How long there: _____ Reason for Leaving: _____ Phone # _____

Rented From: _____
 (Name) (Address) (Dates: From – To)

How long there: _____ Reason for Leaving: _____ Phone # _____

REASON FOR MOVING FROM PRESENT RESIDENCE:

_____ Substandard _____ W/out Housing _____ Other (Please Specify) _____

_____ Home tested positive for Meth

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 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 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 me at the Winnebago Tribal Housing Office (402) 878-3234.

Cordially,

Winnebago Tribal Housing Representative

Dates of Residency: From: _____ To: _____

Rent Payment History: Usually Current () Usually Late () Eviction Proceedings ()

Care of the Unit: Excellent () Good () Fair () Poor ()

Security Deposit Refunded In Full? Yes () No () Reason: _____

Employer Signature _____ Title _____

Printed Name _____ Date _____

Applicant/Co-Applicant Employment:

Status:

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

EMPLOYED BY: _____

(Name)

(Address)

(Phone)

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)

VERIFICATION OF EMPLOYMENT & PAYROLL DEDUCTION

Housing Applicant Name: _____

Current Address: _____

I hereby authorize the release of the requested information.

Applicant Signature

Date

Employer Name: _____

(Address)

(City)

(State)

(Zip)

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 me at the Winnebago Tribal Housing Office (402) 878-3234.

Cordially,

Winnebago Tribal Housing Representative

Applicant's 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 _____

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

Applicant Name _____

Co-Applicant Name _____

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)

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

Applicant Name _____

Co-Applicant Name _____

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 occupied in the past. 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. This information will include but, is not limited to 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)