



Oneida Community Support Services Fund Application Check List

If verifications are not attached to this application the application will be considered incomplete and will be returned to you or placed in pending status until all verifications has been received. If all verifications are not received within 30 days you must re-apply.

PLEASE CHECK ALL ASSISTANCE YOU ARE APPLYING FOR:

- Rent Utilities Security Deposit Medical Bills Medical Travel Funeral Travel Wages
 Auto Repair Other: Specify _____

YOU MUST PROVIDE THE FOLLOWING VERIFICATION WITH EACH APPLICATION:

- Tribal Enrollment Verification (Tribal ID card or letter)
- Submit **ALL** household income for past 30 days - including unearned income (child support, SSI, etc.) with verification of **check stubs**

APPLICATION FOR RENT/SECURITY DEPOSIT AND UTILITIES YOU MUST PROVIDE:

- Landlord Verification Form – **COMPLETED AND SIGNED BY LANDLORD**
(**MUST INCLUDE YOUR LANDLORD’S FEDERAL TAX ID NUMBER, OR SOCIAL SECURITY NUMBER**)
- Rental Lease Agreement
- Eviction Notice or statement of amount owed and for which month
- Utility requests you must provide a complete current bill with payment history and disconnect notice****Please note, you must first apply to your County Energy Assistance Program**
- Police or Fire Report - (If applicable), proof of renter/home owner loss claim

MEDICAL TRAVEL/MEDICAL BILLS YOU MUST PROVIDE:

- Medical Documentation from Physician of critical illness or medical appointment verification
- Valid driver’s license
- Current medical bills showing dates of service and balances
- Copy of insurance card and explanation of benefits from your Health/Dental Insurance

**Please note for all non-insured medical bills you will be required to apply for community care or financial assistance before services will be considered.

****ALL Applications must have the following:**

- Tribal Enrollment Verification (Tribal ID card or letter)
- Submit **ALL** household income for past 30 days - including unearned income (child support, SSI, etc.) with verification of **check stubs or payroll printout from employer**

Provide the following documentation for these services offered:

Auto Repair

- Vehicle Registration
- Valid Driver's License
- Two (2) ASE Certified Auto Mechanic Estimates
- Medical verification of critical illness or injury
- Verification of critical medical appointments (last 30 days, next 30 days)

Emergency Medical Travel – must be at least 60 miles or more

- Appointment verification with date, time, and location
- Valid driver's license

Funeral Travel – by reimbursement only \$500 maximum

- Must be immediate family (father, mother, sister, brother, grandmother, grandfather)
- Obituary – written form that details immediate family members
- Receipts of airfare that show actual cost with dates (not itinerary)
- Receipts of gasoline must show actual gallons of gasoline purchased with dates
- Hotel receipts with dates listed

Medical Bills

- Medical statement showing dates of services and balances after insurance has paid
- Copy of explanation of benefits from your current insurance provider
- Verification that applied for any community/financial assistance from facility
- Inpatient treatment services – must have cost estimate with name, federal tax#, and address
- Medical equipment – must have prescription or letter from physician specifying need and cost estimate of equipment

Rent - \$500 maximum

- Landlord verification form completed by landlord, signed by applicant (must specify amount and which months owed for rent)
- Last 60 days of income to show interruption of income
- Verification of catastrophic event, illness, or injury (unable to work, being incapacitated with start and expected to return dates)
- FMLA from employer
- Verification of Short/Long term disability
- Verification of pending social security disability application, and attorney if working with one
- Verification of homelessness (shelter, statement from residence provider)

Security Deposit - \$500 maximum, limited to Wisconsin resident's only

- Landlord verification form completed by landlord, signed by applicant
- Rental lease agreement
- Verification of emergency situation (eviction, homelessness, foreclosure, etc)

Utility Disconnection - \$300 maximum, once every 3 years

- Verification of last 3 months of pay history
- Current disconnection notice

Wages

- Medical verification of family member needing 24 hour care from physician
- FMLA from employer – personal leave without pay with dates listed



ONEIDA TRIBE COMMUNITY SUPPORT SERVICES FUND
Community Support Application
 Phone (800) 216-3216 • (920) 490-6800 • Fax: (920) 490-6803

To be determined eligible for assistance from Community Support the applicant must be an enrolled member of the Oneida Tribe of Indians of Wisconsin. Applications for assistance for minors must be made by the parent or legal guardian.

NAME _____ TODAY'S DATE _____
 ADDRESS _____ SOC SEC # _____
 CITY _____ STATE _____ ZIP _____ COUNTY _____
 MAILING ADDRESS _____ CITY _____ ZIP _____
 DATE OF BIRTH _____ ENROLLMENT # _____ TELEPHONE # _____

Maiden Name or any other name you may be listed as: _____ Veteran: Yes No

Marital Status: Single/Never Married Married/Living Together Married/Separated Widowed Divorced

SOURCE OF INCOME: ___ TANF/W2 ___ SSI ___ Social Security ___ Disability ___ Pension
 ___ Employment ___ Unemployment ___ Child Support ___ Other _____

INCOME: List ALL GROSS past monthly income, include Child Support and Unemployment

Name	Source of Income	Amount	How Often

TOTAL MONTHLY INCOME FROM ALL SOURCES: _____ **TOTAL NUMBER IN HOUSEHOLD:** _____

Do You: ___ Rent ___ Own Monthly Rent/Mortgage: \$_____ If you live with someone, please list: _____

HOUSEHOLD: REQUIRED TO LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD

FULL NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	INCOME AMOUNT & SOURCE	NATIVE AMERICAN
					YES NO
					YES NO
					YES NO
					YES NO

Do you receive rent assistance through the County or Tribal Housing Allowance office? YES ___ NO ___

Do you own more than one vehicle YES ___ NO ___

Have you applied to the Food Distribution Program? YES ___ NO ___

Have you applied for Food Share? YES ___ NO ___

Do you have Medical Insurance? YES ___ NO ___

Please list other agencies you have contacted for assistance: _____



ONEIDA COMMUNITY SUPPORT SERVICES FUND

LANDLORD VERIFICATION FORM

TENANT(S) NAME: _____

RENTAL/PROPERTY ADDRESS: _____

City

State

Zip Code

TENANT/MORTGAGE HOLDER SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY LANDLORD ONLY

NEW RENTER INFORMATION:

MONTHLY RENT: \$ _____ SECURITY DEPOSIT \$ _____ MOVE IN DATE: _____

NUMBER OF OCCUPANT'S: _____ ADULTS: _____ CHILDREN: _____

HAS PAYMENT BEEN RECEIVED FOR RENT/SECURITY: RENT \$ _____ SECURITY \$ _____

CURRENT RENTER/MORTGAGE:

MONTHLY RENT/MORTGAGE: \$ _____ AMOUNT PAST DUE: \$ _____

LIST MONTHS OF RENT/MORTGAGE PAST DUE: _____

LANDLORD INFORMATION:

LANDLORD/MORTGAGE NAME: _____ PHONE: _____

MAILING ADDRESS: _____

LANDLORD/MORTGAGE SOCIAL SECURITY OR FEDERAL TAX ID#: _____

(A check cannot be disbursed until the Landlord Federal Tax Id # or Social Security number is provided. The Landlord may provide information directly by calling (920) 490-3710 or fax form directly to (920) 490-6803 for strict confidentiality)

By signing below you are agreeing with the stipulation that the rental unit be in such condition as to allow the return of any part of the security deposit, paid on behalf of the tenant, to the Oneida Tribe Economic Support Services upon my vacating the premises. I understand that funding for this benefit is provided through a grant from the Oneida Tribe and that any misuse of these funds constitutes fraud and subjects me to criminal punishments.

NOTE: SECURITY DEPOSITS ARE NOT TRANSFERRABLE UNTIL A NEW SECURITY DEPOSIT AGREEMENT HAS BEEN AUTHORIZED.

LANDLORD SIGNATURE: _____ **DATE:** _____

PROGRAM REPRESENTATIVE _____ DATE: _____