



Oneida Tribe
Economic Support Services
Satatya? takenhá "Help Yourself"
2640 West Point Rd. Green Bay, WI 54313
P.O. Box 365 Oneida, WI 54155
920-490-3710 Fax: 920-490-6803
1-800-216-3216

TANF Program

TANF CRISIS APPLICATION REQUIRED DOCUMENTS CHECK LIST

INCOMPLETE applications will be returned

ALL applications must provide the following when requesting Rent, Security Deposit, or Utility assistance. Failure to provide required verifications will result in entire application being RETURNED by mail:

CHECK SERVICES THAT YOU ARE APPLYING FOR: Rent Security Deposit Utilities

- Tribal Enrollment Verification (Tribal ID card or letter)
- Proof of **all** household income for the last 30 days (TANF/W2, pay stubs from employment, unemployment, SSI, SSDI, disability payments, workman's compensation, child support, alimony, veteran's benefits, etc.)
- Proof of Residency (Post marked, dated piece of mail within the last 30 days)
- Eviction Notice from landlord; (If homeless, must provide written statement from shelter you are currently residing)
- Rent payment history- Must provide your last 3 months of payment history (Tenant ledger from your landlord)
- Landlord Verification Form (Included w/application)
- Current Rental Lease Agreement
- Current Utility Disconnection Notice (**You must first apply with Energy Assistance Program**)

Please be sure all areas completed, dated, and signed. Completed Applications (all above mentioned items received application signed) will be processed within 14 business days according to TANF Crisis Assistance policy and procedures. **It is the responsibility of the applicant to provide all necessary information listed below.**



TANF CRISIS APPLICATION

PLEASE PRINT CLEARLY

CHECK SERVICES THAT YOU ARE APPLYING FOR: Rent Security Deposit Utilities

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

Are you or someone in your family group an enrolled member of a Native American tribe? Yes NO

If yes, what tribe? _____ Enrollment Number: _____

PLEASE LIST ALL PERSONS IN YOUR FAMILY:

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

Has anyone in your home under the age 19, lived with anyone else within the last six months? Yes No

If yes, please list: _____

Did you receive rent, security deposit, or utility assistance prior to this application: Yes No

Did you complete the required budgeting: Yes No Are you receiving housing assistance: Yes No

ONEIDA TRIBE ECONOMIC SUPPORT SERVICES

You MUST describe your financial/crisis situation that you are unable to pay for these expenses yourself (must be completed or application will be returned): _____

What is your household **GROSS MONTHLY** income before taxes are taken out? \$ _____

Provide an estimate for the cost needed: \$ _____ Provide amount you can contribute: \$ _____

****Reminder All applicants are responsible for a REQUIRED 10% or more payment towards needs****

What other agencies have you applied to (example; Salvation Army, County Human Services, Energy Assistance, Community 2000, St Vincent DePaul, County or Tribal Housing Authority, etc.): _____

In case of emergency or you cannot be reached, please give alternate contact:

Name: _____ Relationship: _____

Address: _____ Phone/Message Number: _____

I certify that the information contained on this application is true and factual to the best of my knowledge. I understand that I may be asked to provide proof of any information given on this application. I also understand that if I give false information or intentionally omit information, that I may be prosecuted for fraud. I also declare that I and the persons listed on my application are citizens of the United States or legal aliens. _____ **Initial** _____ **Date**

Consent to release information: My signature on this application authorizes the Oneida Tribal TANF program to contact other persons or agencies to verify information needed to determine my household's eligibility to the TANF Crisis/Diversion Program. I understand and agree to provide documents to verify what I have stated within this application. I understand that this release may include, but not limited to, any information regarding income, salary, benefits, and disability.

APPLICANT SIGNATURE: _____ **Date:** _____

CO-APPLICANT SIGNATURE: _____ **Date:** _____

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OFFICE USE ONLY

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INTAKE INITIALS: _____ RECVD DATE: _____ CASE WORKER INITIALS: _____ RECVD DATE: _____

APPROVED: Yes No AMOUNT: _____ SERVICES APPROVED: _____

CASEWORKER COMMENTS: Tribal Id LVF Verified Rental Lease DX Notice POR Eviction Monthly Income

REFERRALS MADE: _____



CRISIS ASSISTANCE CUSTOMER AGREEMENT

*****MUST COMPLETE IF APPLYING FOR CRISIS RENT OR UTILITIES*****

Dear: _____

Due to your recent application for assistance, a referral for household budgeting has been identified. **The TANF Program policy for receiving benefits requires the attendance to a minimum of four (4) budgeting sessions within the next 90 days.** The budgeting sessions include information on nutrition, money management, learning how to stretch your dollars, and how to budget available monthly income to make ends meet and avoid financial crisis.

You may obtain budgeting sessions at **Community Education Center**, by calling **920-496-7860**, to be scheduled for the next available budgeting class (evening sessions are available to accommodate any work schedule).

I have read and understand the above requirement for receiving TANF Crisis or Diversion benefits, and further acknowledge my understanding that **failure to attend** the budgeting sessions **may result in a denial of future requests** for assistance until I have verified my compliance with this requirement.

Applicant Signature

Date

Co-Applicant Signature

Date

Program Representative Signature

Date



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: _____