

Physical location:  
2640 West Point Rd.  
Green Bay, WI 54304  
**Mailing:** P.O. Box 365  
Oneida, WI 54155



Telephone:  
920.490.3939  
1.800.216.3216  
**fax:** 920.490.6803  
www.oneida-nsn.gov

## **C. S. B. G. Emergency Food & Rental Assistance Application**

### **REQUIRED DOCUMENTATION:**

- Tribal Enrollment Verification (Tribal ID card or letter)
- Proof of residence within Brown or Outagamie counties (example: utility bill, rental lease, etc)
- Verification of interruption in income **and last 60 days of income**
- Completed Landlord Information Sheet (attached to application)
- Copy of Rental Lease agreement
- Eviction Notice if you have received from landlord

Your application will be considered INCOMPLETE until all required information has been received. Complete applications will be processed with in seven (7) business days.

### **ELIGIBILITY GUIDELINES:**

- Must have been employed a minimum of 30 hours per week for 60 consecutive days prior to the interruption of income
- Shelter and food assistance available once (1) in a 12 month period (rent payments are disbursed directly to landlord)
- Maximum rent/mortgage amount available is \$350.00 per household
- Maximum of \$50.00 food assistance per household

### **OTHER SOURCES FOR ASSISTANCE IN GREEN BAY**

- Salvation Army .....497-7053  
626 Union Ct, Green Bay 54303
- St Vincent DePaul .....435-4040  
1549 Webster Ct, Green Bay 54301
- Integrated Community Services .....498-3737  
2605 S. Oneida St, Green Bay 54304

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## C. S. B. G. Application for Emergency Food & Rental Assistance Application

Direct: (920) 490-3950

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOC SEC # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

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

### YOU MUST BRIEFLY DESCRIBE YOUR INTERRUPTION IN INCOME:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOURCE(S) OF INCOME:** \_\_\_ Public Assistance \_\_\_ SSI \_\_\_ Social Security \_\_\_ Disability \_\_\_ TANF  
\_\_\_ Employment \_\_\_ Unemployment \_\_\_ Child Support \_\_\_ Other

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

<u>Name</u>	<u>Source of Income</u>	<u>Amount</u>	<u>Verification</u>

**TOTAL MONTHLY INCOME FROM ALL SOURCES:** \_\_\_\_\_

### LIST ALL HOUSEHOLD MEMBERS:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Relationship to Applicant</u>	<u>Native American</u>
1.				
2.				
3.				
4.				

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

Do you currently have an open case in Brown or Outagamie County for Public Assistance?  YES  NO

Have you applied to the Food Distribution Program?  YES  NO

Have you applied for Food Stamps?  YES  NO

### **CONSENT FOR RELEASE/DISCLOSE & SIGNATURE**

I consent to release any and all information necessary for the determination of benefits to be made on my behalf, and to the Oneida Nation Economic Support Agency and CSBG. I understand this release may include, but not limited to, any information regarding income, salary, benefits, and disability. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview will result in denial of benefits.

Applicant Signature

Co-Applicant Signature

Date

### OFFICE USE ONLY:

Tribal Id  Income \$ \_\_\_\_\_ FPL \_\_\_\_\_  LVF  POR  Eviction Approved:  Yes  No \_\_\_\_\_

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## (CSBG) LANDLORD INFORMATION SHEET

### Please print clearly

**NOTE: Your application cannot be processed until this form is completed and returned.**

TENANT NAME & RENTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LANDLORD'S NAME & MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

LANDLORDS TAX ID # OR SOCIAL SECURITY #: \_\_\_\_\_

**A check cannot be processed until landlord federal tax Id # or social security number is provided. Landlord can contact worker directly by calling (920)490-3950 or faxing this form back to (920) 490-6803.**

PLEASE RETURN APPLICATION TO:

Oneida Economic Support Services

CSBG

P O Box 365, Oneida, WI 54155 Fax:

920-490-6803