

Physical Location:
2913 CommissionerSt
Oneida, WI 54155
Mailing: P.O. Box 68
Oneida, WI 54155



Telephone:
(920) 869-2227
Fax:(920) 869-2836
www.oneida-nsn.gov

Comprehensive Housing Division COVID-19 Rental/Utility Assistance

REQUIRED DOCUMENTATION:

- Tribal Enrollment Verification (Tribal ID card or letter)
- Verification of interruption in income or financial hardship (home/auto repair expense etc.)
- Completed Landlord Information Sheet (attached to application)
- Copy of Rental Lease agreement
- Last 30 days of income
- Current Utility billing statements (WPS, WE Energies, Green Bay Water, Oneida Utilities, Propane or Fuel Oil providers)

Your application will be considered **INCOMPLETE** until all required information has been received.

ELIGIBILITY GUIDELINES:

- Maximum amount of rent assistance is \$500.00 (max of 4 months)
- Maximum amount of utility assistance is \$75
- Must have a valid landlord (no family members)
- Must have recent interruption of income or financial hardship
- Must be enrolled Oneida or other Federally Recognized Tribe residing in Brown or Outagamie County

OTHER RESOURCES FOR ASSISTANCE

- Oneida Food Pantry (920)869-6165, N7232 Water Circle PI, Oneida 54155
- Oneida Economic Support Services, (920) 490-3939, 2640 West Point Rd, Green Bay
 - Foodshare Program, BadgerCare, TANF Program
- Salvation Army,(920) 497-7053, 626 Union Ct, Green Bay 54303
- St Vincent DePaul, (920) 435-4040, 1549 Webster Ct, Green Bay 54301
- Integrated Community Services, (920) 498-3737, 2605 S. Oneida St, Green Bay 54304

Comprehensive Housing Division
COVID-19 Rental Assistance Application



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

YOU MUST BRIEFLY DESCRIBE YOUR INTERRUPTION IN INCOME OR FINANCIAL HARDSHIP:

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

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

<u>Applicant Name</u>	<u>Source of Income</u>	<u>Gross Amount</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. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

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 Comprehensive Housing Division Rental Assistance and IHBG-CARES. 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