

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 Rent/Mortgage/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/mortgage assistance is \$500.00 (max of 3-4 months)
- 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 Pl, 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/Mortgage Utility 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

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>
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_____	_____	_____	_____
_____	_____	_____	_____

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

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CHD LANDLORD/MORTGAGE VERIFICATION FORM

Must be completed fully for Rent/Mortgage Assistance

TENANT/MORTGAGEHOLDER(S) NAME: _____

RENTAL/MORTGAGE PROPERTY ADDRESS: _____

City _____ State _____ Zip Code _____

I understand that funding for this benefit is provided through a grant from the Oneida Comprehensive Housing Division IBCH-CARES and that any misuse of these funds constitutes fraud and subjects me to criminal punishments.

TENANT/MORTGAGE HOLDER SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY LANDLORD ONLY

CURRENT RENTER INFORMATION: _____

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

IS THERE A CURRENT EVICTION: _____ YES _____ NO OBLIGATED AMOUNT TO STOP EVICTION: _____

LANDLORD SOCIAL SECURITY NUMBER 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) 869-2227 or fax form directly to (920) 869-2836 for strict confidentiality).

LANDLORD SIGNATURE: _____ DATE: _____

MORTGAGE INFORMATION: _____

MORTGAGE NAME: _____ PHONE: _____

MORTGAGE ACCOUNT NUMBER: _____ BANK NAME/ADDRESS: _____

MAILING ADDRESS: _____

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

IS YOUR MORTGAGE CURRENTLY IN FORECLOSURE: _____ YES _____ NO

MORTGAGEHOLDER FEDERAL TAX ID#: _____

Must submit mortgage statement or letter from lender verifying your current status and monthly amount due or what is past due

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional) Oneida Tribe of Indians of WI PO Box 365 Oneida, WI 54155
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number										
				-				-		
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Vendor Information Form

(Instructions on reverse side of this form)

Add Vendor		Change Vendor		Delete Vendor		License Renewal	
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Purchase Order Address:

Vendor/Company Name

Address Line 1

Address Line 2

City

State

Zip Code

Purchase Order Email address

Remit To Address:

Vendor/Company Name

Address Line 1

Address Line 2

City

State

Zip Code

Business Information:

Doing Business As: _____

Contact _____ Email: _____

Telephone # _____ Fax # _____

Federal ID# _____ - or - Soc. Security # _____

Vendor Payment Terms _____ Dun & Bradstreet # _____

(Please note: If none specified will default to NET30)

Product/Services to be provided: _____

Oneida Contact _____ Phone/EXT#: _____

Oneida Business Unit _____ Date: _____

PLEASE NOTE: The following section is **required** and will not be accepted if left blank.

Are you now, or have you ever been debarred? Yes _____ No _____

If Yes, Please explain _____

Vendor Signature: _____ Date: _____

Vendor Information Form Instructions

Carefully read the following instructions. This document cannot be processed by Purchasing or Accounts Payable if it is not filled out accurately, completely, and legibly. Any form not meeting these requirements **MAY BE RETURNED** to the person requesting the vendor. It is the responsibility of the person requesting the vendor to obtain all required information.

Your cooperation will streamline and expedite this process.

- **Add Vendor/Change Vendor/Delete Vendor:** Please place an "✓" through the box which represents the process you would like the purchasing or A/P dept. to take when processing this form.
- **Vendor Renewal:** Please place a "✓" for this box if you are just renewing your annual vendor license.

Purchase Order Address:

- **Vendor/Company Name:** Full name of company or vendor. No abbreviations should be used unless it is legally part of the registered company or vendor's name. Inappropriate use of abbreviations may cause duplication of vendor setup. The name listed should match what is on your W-9 form.
- **Purchase Order Email Address:** The email address should be where we submit PO's to place orders.

Remit To Information:

- **Remit to information:** This section must be completed if the payment is to be sent to an address other than the one indicated above.

Business Information:

- **Doing Business As:** If the vendor is doing business with a SSN then we must have the DBA designation for their business. This is required for 1099 purposes.
- **Contact:** Please indicate who at your company should be contacted for Purchasing and Licensing questions. Please list their email, phone and fax number.
- **Federal ID# or SSN:** Federal law requires that we have one of these two numbers on file. Each vendor set up must have either a Federal ID# or Social Security # at the time of vendor entry. If you indicated a SSN, you must provide the full name of the person that is associated with that SSN.
- **Payment terms:** Please indicate what payment terms you would prefer to be set up as, if none are specified the default is NET30.
- **Dun & Bradstreet #:** The D&B D-U-N-S Number is a unique nine-digit identifier for businesses. It is used to establish a business credit file, which is often referenced by lenders and potential business partners to help predict the reliability and/or financial stability of the company in question.
- **Oneida Contact:** Please indicate the Oneida employee & their department name so we can notify them when your vendor set up has been completed.
- **Debarment:** The Oneida Nation is required to verify that contractors are not suspended or debarred. Companies will be verified for eligibility for procurement through the System for Awarded Management (SAM.gov). Companies that have been debarred will be ineligible to be used by the Oneida Nation.