

Physical Location:
2913 Commissioner St
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 \$400.00 (max of 3 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 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>

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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COMPREHENSIVE HOUSING DIVISION LANDLORD VERIFICATION FORM

Must be completed fully for Rent Assistance

TENANT(S) NAME: _____

RENTAL/PROPERTY ADDRESS: _____

City _____ State _____ Zip Code _____

TENANT/MORTGAGE HOLDER SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY LANDLORD ONLY

CURRENT RENTER INFORMATION: _____

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

LIST MONTHS OF RENT/MORTGAGE PAST DUE: _____

Please list previous 3 months of payments made with month name included (ex: \$350/August):

\$ _____ / _____ \$ _____ / _____ \$ _____ / _____

LANDLORD INFORMATION: _____

LANDLORD/MORTGAGE NAME: _____ PHONE: _____

MORTGAGE ACCOUNT NUMBER: _____ BANK NAME/ADDRESS: _____

MAILING ADDRESS: _____

LANDLORD/MORTGAGE 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).

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.

LANDLORD SIGNATURE: _____ DATE: _____

PROGRAM REPRESENTATIVE _____ DATE: _____