

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](http://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 \$750
- 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 Rent/Mortgage/Utility Assistance Application



NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SOC SEC # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ ENROLLMENT # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

ASSISTANCE YOU APPLYING FOR (CHECK ALL THAT APPLY): Rent \_\_\_\_\_ Mortgage \_\_\_\_\_ Utilities \_\_\_\_\_

**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 \_\_\_\_\_



## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>Name (as shown on your income tax return)</b>	
	<b>Business name/disregarded entity name, if different from above</b>	
	<b>Check appropriate box for federal tax classification:</b> <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	
	<b>Address (number, street, and apt. or suite no.)</b>	Requester's name and address (optional) Oneida Tribe of Indians of WI
<b>City, state, and ZIP code</b>	PO Box 365 Oneida, WI 54155	
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.

<b>Social security number</b>									

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

<b>Employer identification number</b>									

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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### 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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	<input type="checkbox"/>	Change Vendor	<input type="checkbox"/>	Delete Vendor	<input type="checkbox"/>	License Renewal	<input type="checkbox"/>
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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.