

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 of income **must provide last 60 days of paystubs**
- 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 verifications have been received. Completed applications will be processed within 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 \$600.00 per household
- Maximum of \$50.00 food assistance per household

OTHER SOURCES FOR ASSISTANCE IN GREEN BAY

- Salvation Army497-7053
626 Union Ct, Green Bay 54303
- St Vincent DePaul435-4040
1549 Webster Ct, Green Bay 54301
- Integrated Community Services498-3737
2605 S. Oneida St, Green Bay 54304

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. Application for Emergency Food & Rental Assistance Application

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 _____

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

(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