



**ANNUAL RENEWAL HOUSEHOLD COMPOSITION FORM – Elder Rental Program**

Date Last Name First Name Middle Name Phone Number

Physical Address City State Zip Code Mailing Address (if different) Email Address

Emergency Contact Phone Number Payee Name Phone Number

**LIST ALL MEMBERS OF THE HOUSEHOLD**

Household Member Name	Relationship	Social Security Number	Sex	D.O.B.	Disabled	Roll #
	Head of Household					

**INCOME FOR ALL MEMBERS IN HOUSEHOLD**

Type of Income	Yes	No	Recipient Name	Gross Monthly Amount	Recipient Name	Gross Monthly Amount
Employment						
VA/Military Benefits						
Unemployment						
SSB: Retirement, Survivors, Disability, SSI						
Retirement: Federal, State, Tribal, RR						
Caretaker Supplement						
Child Support Payments						
Worker's Compensation						
Short/Long Term Disability						
Tribal Per Capita						
Insurance/Settlement/Lottery						
Self-Employment (working for cash)						
TANF/W2/Kinship						

**Oneida Nation Comprehensive Housing Division  
- Authorization for Release of Information -**



I, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, business or individuals to furnish information concerning myself and/or my household to the Comprehensive Housing Division (CHD), its duly authorized representative and/or its contracted agency for purpose of verifying my eligible to receive benefits from CHD.

Any individual or organization including any governmental agency may be asked to release information including, but not limited to: courts, law enforcement agencies, background screening agencies, employers, State Unemployment Agency, previous landlords, support and alimony providers, Social Security Administration, U.S. Department of Veterans Affairs, utility companies, medical professionals and facilities, child care providers, banks and other financial institutions, credit reporting agencies, social service and welfare agencies, public housing agencies, retirement systems, and schools/colleges.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested included, but are not limited to: identity, employment, income, marital status, residential history, household composition, medical expenses, assets, debts, credit history, criminal history, financial benefits, and school enrollment.

I agree that the Oneida Nation and CHD may conduct computer matching programs with other governmental agencies including federal, state, tribal, or local agencies. The government agencies include but are not limited to: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, and State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the applicant.

I understand that I have a right to review any information received in accordance with my release and have a right to correct any information that I can prove is correct.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 12 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke this authorization prior to completion of necessary verifications and inquiries, it may constitute grounds for denial or termination of assistance or tenancy or both.

Applicant Signature	Print Name	Date	Social Security Number
Co-Applicant Signature	Print Name	Date	Social Security Number
Adult (18 & over) Member Signature	Print Name	Date	Social Security Number
Adult (18 & over) Member Signature	Print Name	Date	Social Security Number
Adult (18 & over) Member Signature	Print Name	Date	Social Security Number
Adult (18 & over) Member Signature	Print Name	Date	Social Security Number

COMPREHENSIVE HOUSING DIVISION  
PO BOX 68  
ONEIDA, WISCONSIN 54155  
Phone: (920) 869-2227  
Fax: (920) 869-2836



**EMPLOYMENT VERIFICATION FORM**

This section to be completed by Comprehensive Housing Division

Employer/Company Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Employer/Company Address: \_\_\_\_\_ RE: \_\_\_\_\_

\_\_\_\_\_ SS# \_\_\_\_\_

Dear Sir/Madam;

Comprehensive Housing Division is required to verify income of all household members applying for or living in federally assisted housing. Please supply the information requested below and return this completed form to us as soon as possible. The information provided will be held in strict confidence and used only to determine your employee's eligibility for housing in our program.

Attached for your records is an AUTHORIZATION FOR RELEASE OF INFORMATION signed by the above referenced individual.

***THIS SECTION TO BE COMPLETED BY EMPLOYER***

Is the employee listed above currently employed by your company:  Yes  No

Position Title: \_\_\_\_\_

**EMPLOYED:**

Start Date of Employment: \_\_\_\_\_ Date of first paycheck: \_\_\_\_\_

Rate of Pay per hour: \$ \_\_\_\_\_ Best estimate of hours worked per week: \_\_\_\_\_

Cash and/or Tips Per week: \$ \_\_\_\_\_ Bonus/Commissions Per Week: \$ \_\_\_\_\_

Overtime Pay Rate Per Hours: \$ \_\_\_\_\_ Average OT Hours: \_\_\_\_\_

Frequency of Pay:  Weekly  Bi-Weekly  Semi-Monthly  Monthly  Irregular

**CURRENTLY NOT EMPLOYED:**

Employment End Date: \_\_\_\_\_ Date of Final Paycheck: \_\_\_\_\_

Final Monthly Gross Pay: \_\_\_\_\_ Reason Not Employed: \_\_\_\_\_

Layoff Date: \_\_\_\_\_ Return from Layoff Date: \_\_\_\_\_

**SIGNATURE-EMPLOYER/DESIGNEE:** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

# Oneida Comprehensive Housing Division Annual Renewal Checklist



## Please Provide Copies of the Following:

If there have been any changes in your household composition since your last update, you must provide verification for any **NEW** household members or if child turned 18 years of age for the following information:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| <ul style="list-style-type: none"> <li>Oneida Nation Tribal Enrollment (Tribal ID card or enrollment letter)</li> <li>State Picture ID's (All Adults)</li> <li>Social Security Cards for all household members                             <ul style="list-style-type: none"> <li>Hospital Footprints for Newborn Babies</li> </ul> </li> </ul> | Applicant                | Office                   |
| <ul style="list-style-type: none"> <li><b>Most Recent</b> Utility Bills (Water, Heat, Electric, Gas, Etc.) <b>Must be under \$200</b></li> <li>If utilities are above \$200 must provide your payback agreement</li> </ul>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>Non-Custodial Parents/Legal guardians must provide court order of placement or statement from Child Protective Services or Social Worker</li> </ul>  | <input type="checkbox"/> | <input type="checkbox"/> |

## Income Verification

### Proof of All Household Income Last 30 Days

- |  | Applicant                | Office                   |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none"> <li>Employment – Weekly = 4 paystubs    Bi-Weekly/Semi-Monthly = 2 paystubs<br/>Monthly = 1 paystub</li> </ul>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>Unearned Income - Provide Award 2021 Letter or Bank Statement<br/>(TANF/W2, Unemployment, Child Support, SSI, SSDI, VA Pension, Short/Long Term Disability, Kinship, <b>COP</b>, Per Capita)</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>Self-Employment – Must be verified with most current Tax Return to include all appropriate schedules/K1</li> </ul>  | <input type="checkbox"/> | <input type="checkbox"/> |

## FORMS TO BE COMPLETED

- |   | Applicant                | Office                   |
|---|--------------------------|--------------------------|
| <ul style="list-style-type: none"> <li>Authorization for Release of Information</li> </ul>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>Employment Verification Form – Complete only if "<b>NEW</b>" employment and do NOT have last 30 days of paystubs (For all adults)</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> |

### OFFICE USE ONLY

Criminal Background Completed:  Yes  No    Child Support Completed:  Yes  No    CHD Balance:  Yes  No

Utilities Completed: GB Water  Faxed \_\_\_\_\_  Yes \_\_\_\_\_    Oneida Utility  Faxed \_\_\_\_\_  Yes \_\_\_\_\_  
    WPS      Faxed \_\_\_\_\_  Yes \_\_\_\_\_    WE Energies  Faxed \_\_\_\_\_  Yes \_\_\_\_\_

Eligible:  Yes  No    Staff Signature: \_\_\_\_\_    Date: \_\_\_\_\_