



**ANNUAL RENEWAL HOUSEHOLD COMPOSITION FORM – Rent-to-Own**

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: \_\_\_\_\_

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**SCHOOL VERIFICATION K-12**

***I. This Section To Be Completed By Parent/Guardian:***

The Comprehensive Housing Division (CHD) requires verification of school to determine eligibility for family housing program. Must be completed for each school child is attending (i.e. elementary, high school)

|    | <b>Student(s) Name</b> | <b>School Name</b> | <b>Grade</b> |
|----|------------------------|--------------------|--------------|
| 1. | _____                  | _____              | _____        |
| 2. | _____                  | _____              | _____        |
| 3. | _____                  | _____              | _____        |
| 4. | _____                  | _____              | _____        |
| 5. | _____                  | _____              | _____        |

I hereby request that you provide information regarding students listed above. I understand that this information will be kept confidential and will be used only for the program purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**II. This Section To Be Completed By Only A School Official**

This is to certify that the above listed student(s) is enrolled at this school

Student(s) Home Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian responsible for student(s): \_\_\_\_\_

Education Institution & Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**COMPREHENSIVE HOUSING DIVISION**

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Oneida, WI 54155  
Phone: (920) 869-2227  
Fax: (920) 869-2836



**Child Care Verification Form**

**FOR CARE OF CHILDREN OR DEPENDENT PERSON(S)**

**Parent/Guardian Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Child/ren Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Do hereby certify we provide childcare to child/ren listed above on the following days and hours:

| Day of Week   | Daily Hours  | From Time to Time |                 |
|---|--------------|-------------------|-----------------|
| Monday:   | Hours: _____ | From: _____ am/pm | To: _____ am/pm |
| Tuesday:  | Hours: _____ | From: _____ am/pm | To: _____ am/pm |
| Wednesday:  | Hours: _____ | From: _____ am/pm | To: _____ am/pm |
| Thursday:   | Hours: _____ | From: _____ am/pm | To: _____ am/pm |
| Friday:   | Hours: _____ | From: _____ am/pm | To: _____ am/pm |
| Total hours per week: _____   |              | Per Month: _____  |                 |
| Amount received from parent: \$ _____ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month |              |                   |                 |
| (Note: include full-time summer care of school children, if applicable)                                 |              |                   |                 |

CHILD CARE PROVIDER NAME: \_\_\_\_\_

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

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

IMPORTANT: This form must be executed whenever a deduction from income is made.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government. Also, amounts received from providing childcare are responsible to the Internal Revenue Service (IRS).

# 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:

- Oneida Nation Tribal Enrollment (Tribal ID card or enrollment letter)
- State Picture ID's (All Adults)
- Social Security Cards for all household members
  - Hospital Footprints for Newborn Babies

|  | Applicant | Office |
|--|-----------|--------|
|--|-----------|--------|

- **Most Recent** Utility Bills (Water, Heat, Electric, Gas, Etc.) **Must be under \$200**
  - **If utilities are above \$200 must provide your payback agreement**

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

- Non-Custodial Parents/Legal guardians must provide court order of placement or statement from Child Protective Services or Social Worker

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

## Income Verification – Minimum Income \$650 Month

### Proof of All Household Income Last 30 Days

|  | Applicant | Office |
|--|-----------|--------|
|--|-----------|--------|

- Employment – Weekly = 4 paystubs Bi-Weekly/Semi-Monthly = 2 paystubs  
Monthly = 1 paystub
- Unearned Income - Provide Award 2021 Letter or Bank Statement  
(TANF/W2, Unemployment, Child Support, SSI, SSDI, VA Pension, Short/Long Term Disability, Kinship, **COP**, Per Capita)
- Self-Employment – Must be verified with most current Tax Return to include all appropriate schedules/K1

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

## FORMS TO BE COMPLETED

|  | Applicant | Office |
|--|-----------|--------|
|--|-----------|--------|

- Authorization for Release of Information
- Employment Verification Form – Complete only if "**NEW**" employment and do NOT have last 30 days of paystubs (For all adults)
- School Verification K-12
- Child Care Verification Form – Complete only if care is provided by Licensed Child Care Provider

|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

|  |                          |                          |
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|  | <input type="checkbox"/> | <input type="checkbox"/> |
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|  | <input type="checkbox"/> | <input type="checkbox"/> |
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|  |                          |                          |
|--|--------------------------|--------------------------|
|  | <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: \_\_\_\_\_