



ANNUAL RENEWAL HOUSEHOLD COMPOSITION FORM – INCOME BASED

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

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:

- | | Applicant | Office |
|---|--------------------------|--------------------------|
| <ul style="list-style-type: none"> Oneida Nation Tribal Enrollment (Tribal ID card or enrollment letter) State Picture ID's (All Adults) Social Security Cards for all household members <ul style="list-style-type: none"> Hospital Footprints for Newborn Babies | | |
| <ul style="list-style-type: none"> Most Recent Utility Bills (Water, Heat, Electric, Gas, Etc.) Must be under \$200 <ul style="list-style-type: none"> If utilities are above \$200 must provide your payback agreement | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> 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 |
|--|--------------------------|--------------------------|
| <ul style="list-style-type: none"> Employment – Weekly = 4 paystubs Bi-Weekly/Semi-Monthly = 2 paystubs Monthly = 1 paystub | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> 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) | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Self-Employment – Must be verified with most current Tax Return to include all appropriate schedules/K1 | <input type="checkbox"/> | <input type="checkbox"/> |

FORMS TO BE COMPLETED

- | | Applicant | Office |
|---|--------------------------|--------------------------|
| <ul style="list-style-type: none"> Authorization for Release of Information | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Employment Verification Form – Complete only if “NEW” employment and do NOT have last 30 days of paystubs (For all adults) | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> School Verification K-12 | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> Child Care Verification Form – Complete only if care is provided by Licensed Child Care Provider | <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: _____

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: _____

COMPREHENSIVE HOUSING DIVISION

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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)

	Student(s) Name	School Name	Grade
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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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:

<u>Day of Week</u>	<u>Daily Hours</u>	<u>From Time to Time</u>	
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).