

COMPREHENSIVE HOUSING DIVISION CHANGE REQUEST FORM



Name: _____

Address: _____

Email Address: _____ Phone Number: _____

The head of household and any named tenant on the rental agreement understands and accepts responsibility for the terms of the agreement, including the activities of all household members and impacts such activities may have on continued eligibility to remain in the rental program. Unless the rental agreement is amended to include an additional named tenant responsible for the agreement, any person added is considered a household member but is not granted tenant rights pursuant to the agreement.

Change in Household Income

Income includes, but is not limited to, employment income, self-employment income, benefit payments (SSD, SSI), Veterans benefits, welfare assistance (GA, TANF), alimony and/or child support, interest and/or dividends from assets, or any other income or money that a household member regularly earns or receives. **New or employment ending you must provide Employer Verification Form, and once you have received 30 days of paystubs must be submitted.**

Household Member	Source of Income	Gross Monthly Amount	Start Date	Stop Date

Change in Household Composition

The housing authority will determine if individuals are authorized to be added to your household. Your landlord also must approve the addition of any household members to your dwelling unit. Since your household composition also determines the size of unit that you are eligible for, the addition or removal of household members may affect this determination. **You will need to provide social security cards, tribal identification, and state Id's for any new members. Adults must sign Authorization for Release of Information Form Attached.**

Full Legal Name	Social Security Number	Date of Birth	Relationship to Head of Household	Add or Remove

Change in Pets in Household

May keep pets on the premises in accordance with the Nation's Domestic Animals law provided that an increased security deposit is required and Tenant shall provide dog and cat licensing information to Landlord. **Required pet deposit of \$200 per animal**

Pet Type (cat, dog)	Breed Type	Name	License Number	Color

Change in Household Expenses

Allowable expenses include the actual cost of childcare and medical expenses that you pay for out of your own pocket (not covered by insurance or other sources) that exceed 3% of your annual income. **Child Care expenses must be verified with form. Medical expenses must provide receipts.**

Household Member	Description of Expenses	Monthly Payment Amount	Provider Name

Education Status

Educational scholarships and grants must be on file if you are receiving. This does not affect your monthly rent and is not considered as income. **You will need to provide Financial Aide Award Letter for all household members attending higher education.**

Full Legal Name	Social Security Number	Date of Birth	Relationship to Head of Household	Full or Part Time Status

Criminal Activity/Status

Criminal convictions related to drugs (within 3 years), felony (within 5 years), or act of violence (within 2 years) are not eligible for participation in the rental programs, provided that the Pardon and Forgiveness law may provide an exception to the conditions.

Full Legal Name	Date of Birth	Relationship to Head of Household	Conviction Date	Charge(s)

I/We certify that the above information provided is true and correct to the best of my knowledge. I/We understand that false statements or information is punishable under Federal Law. I/We also understand that false statements or information is grounds for termination of rental agreement and eviction from the premises. I/We also understand that it is my/our responsibility and obligation to promptly report any further changes in my household income, assets, expenses, and/or household composition **as soon as they occur.**

Signature of Head of Household

Date

Signature of Other Adult Member of Household

Date

Signature of Other Adult Member of Household

Date

Signature of Other Adult Member of Household

Date

Housing Representative Signature

Date

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department Agency of the United States as to any matter within its jurisdiction. Misrepresentation of any information is grounds for ineligibility or termination of housing assistance.

**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: _____