



Aging & Disability
2907 S. Overland Dr. Oneida, WI 54155
P.O. Box 365 Oneida, WI 54155
920-869-6855 email address: emetoxe1@oneidanation.org

Application for Major Home Repair

All applicants must provide the following information & repair must be HEALTH AND SAFETY CONCERN:

- Copy of Tribal Identification Card
- Proof of home ownership – **Must live in Brown/Outagamie/Milwaukee Co.**
- Proof of homeowner’s insurance
- Proof of income (i.e. bank statement of last 30 days)
- Copy of official documentation of disability if 18-64 years of age

APPLICANT INFORMATION					
LAST NAME	FIRST NAME	MI	DOB	SSN	
MAILING ADDRESS					UNIT#
CITY	STATE		ZIP		
PHYSICAL ADDRESS					UNIT#
PHONE NUMBER	TRIBAL AFFILIATION		ENROLLMENT #		
MARITAL STATUS	ARE YOU A VETERAN?		HIGHEST GRADE COMPLETED		

REASON FOR APPLYING FOR MAJOR HOME REPAIR: List repairs needed and why

LIST <u>ALL</u> HOUSEHOLD MEMBERS & INCOME TYPE (EARNED OR UNEARNED)					
Full Name	DOB	Relationship	Income Type	Monthly Amount	Tribal Affiliation

MAJOR HOME REPAIR STATEMENT OF UNDERSTANDING

It is the responsibility and requirement as the applicant to provide all required documentation with this application and complete all areas of the application. If the application is incomplete or missing documentation, it will be returned and denied.

When you file an application for Major Home Repair you have a right to a written decision within 30 days, in some cases it may take 45 days. If you disagree with the decision, you may request a review of the decision by seeing the Home Repair Supervisor or their supervisor.

Major Home Repair amounts are subject to change based on funding availability.

I certify that the responses I have given to the above questions and statements are to the best of my knowledge accurate, truthful, and without omission.



Applicant Signature

Date

Return to either the mailing address OR email address provided.

Office use only	
Reviewed by: _____	Date: _____