

Physical location:  
2640 West Point Rd.  
Green Bay, WI 54304  
Mailing: P.O. Box 365  
Oneida, WI 54155



Telephone: 920.490.3939  
1.800.216.3216  
Fax: 920.490.6803  
Website: [www.oneida-nsn.gov](http://www.oneida-nsn.gov)  
Email: [Economic\\_Support@oneidanation.org](mailto:Economic_Support@oneidanation.org)

## **C.S.B.G Food & Rental Assistance Application**

Please allow ten (10) business days to process completed applications. If the application is incomplete or missing required verifications, you will receive notification. Applications are only valid for thirty (30) calendar days. If you fail to provide the required verification's you must reapply.

### **Eligibility Criteria:**

Applicants must be an enrolled Oneida Tribal member residing within Brown or Outagamie County and other federally recognized tribal members residing within the Oneida reservation boundaries.

### **ALL SERVICES REQUIRE THE FOLLOWING VERIFICATION:**

- Tribal Enrollment verification (Tribal ID or enrollment certification)
- Proof of residency (postmarked piece of mail within the last 30 days or current utility bill)
- Verification of all household income for the last 30 days (earned and unearned)
- Must provide verification or attestation of recent interruption of regular income.
- Unearned income of SSI or SSD recipients must provide verification form.

### **Specific Required verification for Services:**

- Request for Utility Assistance must provide a recent utility statement and provide verification of all other available resources and programs (ie: WHEAP).
- State Foodshare or Tribal Food Distribution
  - The application must explain the need for food supplementation.
  - Example: power outage or broken appliance.

Assistance is available once (1) in 24-month period (rent/utilities/security deposit) payments are disbursed directly to the Vendor.

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## C.S.B.G Food & Rental Assistance Application

### Applicant Information:

Last Name:		First Name:		M.I.:	DOB:
Address:			Apt #:	City:	
State:	ZIP:	County:		Phone Number:	
Email:		Tribal Affiliation:		Enrollment #:	
Social Security #:		Do you live on the reservation?		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status (check one): <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married Living together <input type="checkbox"/> Married Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Maiden Name or any other name you may be listed as:	

### YOU MUST BRIEFLY DESCRIBE YOUR INTERRUPTION IN INCOME:


### SOURCE(S) OF INCOME:

Public Assistance:	Employment:	Child Support:
SSI:	Unemployment:	TANF:
Social Security:	Disability:	Other:

### LIST ALL GROSS past monthly income, include Child Support and Unemployment:

TOTAL MONTHLY INCOME FROM ALL SOURCES: \$	

### List ALL Household Members:

Name	Date of Birth	Social Security Number	Relationship to applicant	Tribal Affiliation

Do you receive rent assistance through the County or Tribal Housing Allowance Office? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have an open case in Brown or Outagamie County for Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for Oneida Food Distribution Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for Foodshare? <input type="checkbox"/> Yes <input type="checkbox"/> No

### CONSENT FOR RELEASE/DISCLOSE & SIGNATURE

I consent to release all information necessary for the determination of benefits to be made on my behalf, to the Oneida TANF Program. I understand this release may include, but not limited to, any information regarding income, salary benefits, and disability. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in denial of current and future benefits.

Applicant Signature:	Co Applicant Signature:
Date:	Date:

### OFFICE USE

Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Internal Referral	
Comments	
Case Manager Signature:	Date:

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**ONEIDA**  
**Landlord Verification Form**

Telephone:  
(920) 490-3939  
Toll Free 1-800- 216-3216  
Fax: (920) 490-6803  
[oneida-nsn.gov/resources/economic-support](http://oneida-nsn.gov/resources/economic-support)

**Must complete if applying for Rent or Security Deposit**

TENANT(S) NAME: \_\_\_\_\_

RENTAL/PROPERTY ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

TENANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY LANDLORD ONLY**

**NEW RENTER INFORMATION:**

MONTHLY RENT: \$ \_\_\_\_\_ SECURITY DEPOSIT: \$ \_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_  
NUMBER OF OCCUPANTS: \_\_\_\_\_ ADULTS: \_\_\_\_\_ CHILDREN: \_\_\_\_\_  
AMOUNT PAID FOR RENT/SECURITY: RENT \$ \_\_\_\_\_ SECURITY \$ \_\_\_\_\_

**CURRENT RENTER INFORMATION:**

MONTHLY RENT/MORTGAGE: \$ \_\_\_\_\_ AMOUNT PAST DUE: \$ \_\_\_\_\_

**LIST MONTHS OF RENT/MORTGAGE PAST DUE:** \_\_\_\_\_

LANDLORD or MORTGAGE NAME: \_\_\_\_\_

MORTGAGE ACCOUNT NUMBER (NOT for landlords): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LANDLORD or MORTGAGE SOCIAL SECURITY OR FEDERAL TAX ID#: \_\_\_\_\_

(A check cannot be disbursed until the Landlord Federal Tax Id # or Social Security number is provided. The Landlord may provide information directly by calling (920) 490-3710 or fax form directly to (920) 490-6803 for strict confidentiality).

By signing below you are agreeing the information is accurate and correct to the best of your knowledge. I understand that funding for this benefit is provided through a grant from the Oneida Nation and that any misuse of these funds constitutes fraud and maybe subject to criminal punishment.

LANDLORD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_