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



Telephone:(920)490-3939
Toll Free 1-800-216-3216
Fax:(920)490-6803
oneida-nsn.gov/resources/economicsupport

Landlord Verification Form

Must complete if applying for Rent or Security Deposit

TENANT(S) NAME:				
RENTAL/PROPERTY ADDRESS:				
City		County	State	Zip Code
TENANT SIGNATURE:				
	TO BE COMPLE	TED BY LANDLORD O	NLY	
NEW RENTER INFORMATION:				
MONTHLY RENT: \$	SECURITY DEPOSI	T: \$	MOVE IN DATE: _	
NUMBER OF OCCUPANTS:	ADULTS:	CHILDREN:	_	
AMOUNT PAID FOR RENT/SECURITY	: RENT\$	SECURITY	<u>′\$</u>	_
CURRENT RENTER INFORMATION	ON:			
MONTHLY RENT/MORTGAGE: \$ AMOUNT PAST DUE: \$				
LISTMONTHS OF RENT/MORTGAGE	PASTDUE:			
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: _	