



ANNUAL RENEWAL HOUSEHOLD INFORMATION FORM – INCOME BASED

HOUSEHOLD CONTACT INFORMATION	
Phone Number:	Mailing Address:
Email:	City: State: Zip:
Emergency Contact Name:	Relationship:
Phone Number:	Email:
Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
Representative Payee Name:	Phone Number:
Email:	Mailing Address:

ADULT HOUSEHOLD MEMBER INFORMATION							
Adult Name	Relationship	Social Security #	Sex	D.O.B.	Disabled	Veteran	Marital Status
	Head of Household						

Do you have any minor dependent children residing with you in your household?

No Yes If Yes, complete the Child Household Member Section

CHILD HOUSEHOLD MEMBER INFORMATION			
Child Name:	D.O.B.:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #:	Name of School:	Current Grade:	
Will this child live in unit less than 50% of the next 12 months: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, explain:			
Child Name:	D.O.B.:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #:	Name of School:	Current Grade:	
Will this child live in unit less than 50% of the next 12 months: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, explain:			
Child Name:	D.O.B.:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #:	Name of School:	Current Grade:	
Will this child live in unit less than 50% of the next 12 months: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, explain:			

CHILD HOUSEHOLD MEMBER INFORMATION (CONTINUED)

Child Name: _____ D.O.B.: _____ Sex: Male Female Disabled: Yes No
 Social Security #: _____ Name of School: _____ Current Grade: _____
 Will this child live in unit less than 50% of the next 12 months: No Yes If Yes, explain: _____

Child Name: _____ D.O.B.: _____ Sex: Male Female Disabled: Yes No
 Social Security #: _____ Name of School: _____ Current Grade: _____
 Will this child live in unit less than 50% of the next 12 months: No Yes If Yes, explain: _____

Child Name: _____ D.O.B.: _____ Sex: Male Female Disabled: Yes No
 Social Security #: _____ Name of School: _____ Current Grade: _____
 Will this child live in unit less than 50% of the next 12 months: No Yes If Yes, explain: _____

Do you anticipate any changes your Adult Household or Child Household composition information within the next 12 months?

No Yes If Yes, please explain: _____

Is there any child that will graduate within the next 12 months?

No Yes If Yes, please list name(s): _____

Reminder

For children turning 18 years of age, you must provide copy of ID. Any income earned by the adult child is countable household income once child has graduated from high school, and required to be reported in the Income for All Members Section.

Do you have countable household income as noted in the Income for All Members Section?

No Yes If Yes, complete the Income for All Members Section

INCOME FOR ALL MEMBERS IN HOUSEHOLD

You will need to provide last 30 days of income for ALL household income. If you have new employment, you will be required to submit Employer Verification Form. Failure to report income accurately will result in repayment of any monies owed to CHD.

Income Types: Employment, VA/Military Benefits, Unemployment, Social Security, SSI, SSDI, Pension, Retirement (Federal, State, Tribal, RR), Dividends/Interest from assets, Caretaker Supplement, Alimony, Child Support, Worker's Compensation, Short/Long Term Disability, General Welfare Payments, Kinship, TANF/W2, General Assistance (GA), Insurance/Settlement/Lottery

Household Member	Income Type	Name of Employer	Gross Monthly Amount

Do you have any type of income that is considered self-generated income such as working for cash or own business?

No Yes If Yes, please explain: _____

Have you reported self-generated income within your tax return? No Yes

If Yes, provide most current tax return

Do you have an allowable expense as noted in the Household Member Expense Section?

No Yes If Yes, complete the Household Member Expense Section.

HOUSEHOLD MEMBER EXPENSE INFORMATION

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) **Child Care expenses must be verified with form (request).** **Medical expenses must provide receipts.**

Household Member	Description of Expenses	Provider Name	Monthly Amount

Are any of your adult household members activity participating in higher education?

No Yes If Yes, complete the Adult Household Member Education Section.

ADULT HOUSEHOLD MEMBER EDUCATION INFORMATION

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.**

Household Member	College Attending	Full or Part Time Status	Relationship to Head of household	Current Year	Expected Date of Graduation

ADULT HOUSEHOLD CRIMINAL ACTIVITY/STATUS

Household Member	Date of Birth	Charge(s)	Conviction Date	Relationship to Head of Household

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 of Household Date

Signature of Other Adult of Household Date

Signature of Other Adult of Household Date

**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



GENERAL WELFARE ASSISTANCE (GWA) 2023

Did you receive payment of General Welfare Assistance Payment 2023?

- Yes No

1st Adult Tribal Member Name: _____

If yes, what amount did you receive (check all that apply):

- \$1,500.00 GWA Payment for adults 18 years and older
 \$500.00 Food Assistance
 \$2,000 GWA Payment for adults 62 years and older
 \$703.54 Elder 65 Payment for adults 65 years and older

2nd Adult Tribal Member Name: _____

If yes, what amount did you receive (check all that apply):

- \$1,500.00 GWA Payment for adults 18 years and older
 \$500.00 Food Assistance
 \$2,000 GWA Payment for adults 62 years and older
 \$703.54 Elder 65 Payment for adults 65 years and older

I certify that the information listed above is correct to the best of my knowledge

Signature

Date

COMPREHENSIVE HOUSING DIVISION

P.O. Box 68
Oneida, WI 54155
Phone: (920) 869-2227
Fax: (920) 869-2836



Pet Information

Tenant Name: _____

Date: _____

Do you currently have pets in your household? Yes No (Must check one) If yes, you must complete remaining of the form.

If you do not currently have a pet in your household and decide to add a pet to your household in the future, understand it is a requirement to complete this form within 30 days of purchasing the pet and pay applicable additional deposit fees per pet.

Tenant Signature (Must Sign) _____

Date _____

Type of Pet	Pets Name	License Number

The Landlord Tenant law and accompanying rules provide the requirements for the increased security deposit for pets – the Domestic Animal law provides the requirements for dog and cat licensing, which is the information required to be provided to CHD.

Service Animals

Service Animals require appropriate documentation to demonstrate their necessity to the owner as a Service Animal. A service animal is a dog that has been trained to perform tasks or do work for the benefit of a person with a disability. The tasks or work the animal does must be directly related to the person's disability.

Examples of service animals that must be allowed into public accommodations under the ADA include:

- hearing dogs, which alert their handlers to important sounds, such as alarms, doorbells, and other signals
- guide dogs, which help those who are blind or visually impaired navigate safely
- psychiatric service animals, which help their handlers manage mental and emotional disabilities by, for example, interrupting self-harming behaviors, reminding handlers to take medication, checking spaces for intruders, or providing calming pressure during anxiety or panic attacks
- seizure alert animals, which let their handlers know of impending seizures, and may also guard their handlers during seizure activity, and
- allergen alert animals, which let their handlers know of foods or other substances that could be dangerous (such as peanuts).

Please list any of the pets identified above that are documented Service Animals:

Pets Name	Type of Service Animal	License Number

CHD Rental Program Additional Deposits for Pets

Rental Program	Pet Deposit Amount
Income Based Rental Program	\$200 per pet/Service Animal \$0
General Rental Program	Equivalent to one month's rent per pet/ Service Animal \$0

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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).