

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-nsn.gov/resources/economic-support](http://oneida-nsn.gov/resources/economic-support)

## 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: \_\_\_\_\_ 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: \_\_\_\_\_

**\*\*Landlord Verification Form - Print ONLY if applying for Rent/Mortgage - Landlord must complete\*\***



For Office Use Only		
New	Renew	Update
Vendor #: _____		
Tracking #: _____		
CSRA Ref #: _____		

**Vendor License Application** *(Incomplete applications will not be accepted)*

Company/Vendor **Name:** \_\_\_\_\_

DBA (If Applicable): \_\_\_\_\_

Federal Identification / Tax Identification Number / **Social Security #** (Pick one): \_\_\_\_\_

North American Industry Classification Systems (NAICS) Code\*: \_\_\_\_\_

\*Visit <https://www.naics.com/search/> to identify your business industry code. FAQs are also available online.

**Primary Contact** (Name of Representative): \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

Company **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Description of Products/Services to be Provided:

Provide who your company representative is primarily working with to establish an Oneida Nation vendor license:

Oneida Nation Contact: \_\_\_\_\_ Oneida Nation Department: \_\_\_\_\_

Other Contact Info: <i>(Indicate if same as Primary Contact)</i>	
<b>Remittance To</b> <i>(Payments, W-9, Finance)</i>	
Name: _____	Address: _____
Email: _____	City: _____ State: _____ Zip: _____
<b>Vendor License Compliance Contact</b>	
Name: _____	Address: _____
Email: _____	City: _____ State: _____ Zip: _____
<b>Certificate of Insurance Contact (COI)</b>	
Name: _____	Address: _____
Email: _____	City: _____ State: _____ Zip: _____

Company/Vendor Payment Terms: \_\_\_\_\_ (If not specified, default is NET 30. **All payments are ACH.**)

**Please answer the following questions that are required to process an Oneida Nation vendor license:**

1. If you answer YES to any of the following four (4) questions, a Digital Security Cyber Risk Assessment is required.

- |  |     |    |
|--|-----|----|
| a. Will you now or will you ever handle sensitive data, including but not limited to personal information, financial data? | Yes | No |
| b. Do you have to be concerned with regulatory compliances? (e.g. GDPR, HIPPA)   | Yes | No |

- |  |     |    |
|--|-----|----|
| c. Do you now or will you ever provide technology software, hardware, applications, mobile app, etc.?  | Yes | No |
| d. Do you now or will you ever need access to the Oneida Nation network?   | Yes | No |
| 2. Is your company at least 51% Native American Owned?   | Yes | No |
| 3. Is your company primarily doing business with gaming?   | Yes | No |
| 4. Are you a current employee of the Oneida Nation? If yes, please provide an approved Independent Contractor agreement from the Oneida Law Office | Yes | No |
| 5. Are you currently debarred from SAM.GOV?  | Yes | No |
| 6. Are you now, or have you ever been engaged in a lawsuit with the Oneida Nation?   | Yes | No |
| 7. Has your Oneida Nation Vendor License ever been revoked?  | Yes | No |

**Read Carefully Before Signing:** Under penalty provided by law, the undersigned states that the above information is accurate and each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signee hereby acknowledges and agrees to adhere to the Oneida Nation Code of Ethics Law. The Oneida Nation reserves the right to deny, revoke, or terminate vendor licensing for non-compliance.

\_\_\_\_\_  
Primary Contact (Name of Representative)

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

**Risk Management**

COI Approved: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Ins Notes: \_\_\_\_\_

COI Exempted: \_\_\_\_\_ COI Denied: \_\_\_\_\_ Denial Reason: \_\_\_\_\_

Rev'd/Appr'd by: \_\_\_\_\_ Date: \_\_\_\_\_

**Licensing**

Received by: \_\_\_\_\_ Rec'd Date: \_\_\_\_\_

Fee Received: Yes \_\_\_\_\_ Exempt \_\_\_\_\_ If Exempt, Category: \_\_\_\_\_

Digital Security Risk Assessment Form Received (If Applicable): \_\_\_\_\_ Acceptance Form Received: \_\_\_\_\_

COI Received: Yes \_\_\_\_\_ No \_\_\_\_\_ Notes: \_\_\_\_\_

IC Agreement Received (If Applicable): Yes \_\_\_\_\_ Law Office Review # \_\_\_\_\_

Lic. Approved (Initial) \_\_\_\_\_ Lic. Denied (Initial) \_\_\_\_\_ Denial Reason: \_\_\_\_\_

Date License was Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ License Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notes: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type. See Specific Instructions on page 3.	<b>1 Name</b> (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2 Business name/disregarded entity name</b> , if different from above	
	<b>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</b>  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	<b>4 Exemptions</b> (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5 Address</b> (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6 City, state, and ZIP code</b>	
<b>7 List account number(s) here</b> (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
				-				-		
<b>or</b>										
<b>Employer identification number</b>										
				-						

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b> ►	<b>Date</b> ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**Oneida Nation**  
**Vendor Payment – Direct Deposit (ACH) Authorization Form**  
**Employees, Boards, Committees and Commissions**

**A. Vendor Information**

Vendor Name (printed)	
Vendor Number	
E-mail address	

**B. Vendor Bank Information**

Bank Name		
Bank Routing number (ABA #)		
Vendor Bank Account #		
Vendor Bank Account Type		Enter "C" for checking OR "S" for savings

**\*\* Please attach a voided check or a letter from your bank to verify this information\*\***

**C. Agreement**

I hereby authorize the Oneida Nation to electronically deposit amounts owed to me for goods and/or services provided to the Nation via direct deposit to my account (this includes my authorization to reverse any entries made in error.)

I understand that an unforeseen delay in processing by any outside entity (automated clearing house or financial institution) due to computer down-time, power outages, or any other unavoidable occurrences might affect the date of deposit of funds to my account.

This authorization is to remain in effect until the Oneida Nation has received written notice of my intent to change/terminate this agreement or at the discretion of the Oneida Nation.

The Oneida Nation must receive my written notification of any financial institution changes (including closing of accounts) at least 15 days prior to the change in order to change/terminate this direct deposit authorization.

I will not hold the Oneida Nation responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution.

**D. Vendor Approval**

Signature	
Date	
Telephone #	