

# Oneida Nation of Wisconsin Housing Assistance Application

**\*PLEASE READ CAREFULLY\***

Keep this page for your information

Dear Applicant:

This application serves as the main application for the following areas:

- Oneida Housing Authority (OHA)
- Division of Land Management (DOLM) - Rentals
- Elderly Services

Please contact Scott Denny, Comprehensive Housing Coordinator, to set up a one-on-one meeting to discuss your housing needs and determine which area(s) to best route your application.

Scott Denny, Comprehensive Housing Coordinator

920-869-6193

[sdenny@oneidanation.org](mailto:sdenny@oneidanation.org)

All fully completed and returned applications will be forwarded to the appropriate area based on your housing needs and which area best meets your needs.

Please return your fully completed application to:

Oneida Housing Authority  
C/O Comprehensive Housing Coordinator  
PO Box 68  
Oneida, WI 54155

Thank you.

**ONEIDA NATION OF WISCONSIN  
HOUSING ASSISTANCE APPLICATION**

**DOCUMENTATION & VERIFICATION**

**When applying for housing with Oneida Housing Authority (OHA), every page and/or form of this application packet must be completely filled out. Every page that requires signatures must be signed and dated by every adult person, age 18 and over, listed in your household.**

**The following documents are required and must be attached to your application for OHA. The front desk staff at OHA will copy your documents and return your originals to you.**

1. Tribal Identification Cards for each tribal member in the household.
2. Picture I.D. Cards for all adults in the household.
3. Social Security Cards for all members of the household. Birth Certificates are required for all newborn children.
4. Verification of Income for all members of the household. If you are employed, please attach four (4) recent check stubs. Also, provide any/all documents that verify income and all sources of income including; wages from a job, Child Support Payments, Social Security, SSI, TANF, COP Kinship Care, Bank Statements, Tribal Per Capita Payments, Financial Aid Awards, as well and any/all other income received by all household members. If you do not have verification of income, please submit last year's Federal Tax Return and W2 forms.
5. Letter from landlord or Landlord Verification must be completed, signed, and dated by landlord/manager.
6. Verification of paid or current utility bills (water, electric, heat) and/or statements referencing utilities included in rent.
7. A background investigation will be conducted on each adult member, age 18 and older, in the household.
8. Please submit a medical statement of Special Needs, if applicable.

**I understand that I must supply the above documentation for Oneida Housing Authority to consider my application. In addition, I understand that the information obtained from the above resources will be used to determine eligibility for the OHA Rental Program. In conclusion, I understand that providing incomplete, inaccurate or misleading information may result in denial of my application.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Oneida Nation of Wisconsin  
Housing Assistance Application Check List

\*\*\*FOR OFFICE USE ONLY\*\*\*

The following supportive documents must be filled out and included with the Oneida Nation of Wisconsin Housing Assistance Application for it to be considered a complete application.

- \_\_\_\_\_ Tribal Identification Card - copy for each enrolled member in household
- \_\_\_\_\_ State Picture ID - copy for all adults within household
- \_\_\_\_\_ Social Security Card - copy for all members within household
- \_\_\_\_\_ Birth Certificate - copy for those within household without SS Card
- \_\_\_\_\_ Income Verification: Check Stubs - copy of 4 most recent check stubs
- \_\_\_\_\_ Income Verification: Employment - completed Employment Verification Form
- \_\_\_\_\_ Income Verification: Other - copy of documents verifying income and how long payments will be received. (Unemployment, TANF, Child Support, SS, SSI, Grant Letters, Bank Statement, tax forms, etc)
- \_\_\_\_\_ Rental/Landlord Verification - completed Rental/Landlord Verification Form (Completed by property owner if staying with friends or family)
- \_\_\_\_\_ Utility Verification - copy of most recent utility statements & repayment agreements (Water, Electricity, Natural Gas, LP, Fuel Oil, etc)
- \_\_\_\_\_ Custody Verification: Legal Documents - copy of legal documents for custody/placement status
- \_\_\_\_\_ Student Status Verification - completed Verification of Student Status Form
- \_\_\_\_\_ Special Needs - documentation identifying special needs for physical and/or mental conditions
- \_\_\_\_\_ Signatures - signatures on all forms where necessary

Date & Time Stamp
_____ Received By

-----Cut Here-----

This receipt verifies my Oneida Nation of Wisconsin Housing Assistance Application was received at (circle one): Oneida Housing Authority    Division of Land Management    Elder Services

Date & Time Stamp
_____ Received By

**ONEIDA NATION OF WISCONSIN  
HOUSING ASSISTANCE APPLICATION**

This application must be fully completed to include information and requested paperwork related to you and your household. Failure to provide complete and/or accurate information may result in an application denial.

If you have questions please contact Scott Denny, Comprehensive Housing Coordinator at 920-869-6193

**I. APPLICANT INFORMATION**

Name \_\_\_\_\_  
Last First Middle Maiden name (if applicable)

CURRENT ADDRESS \_\_\_\_\_  
Street/P.O. Box

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

TELEPHONE \_\_\_\_\_  
Area code

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

TRIBE \_\_\_\_\_ ROLL NUMBER \_\_\_\_\_

MARITAL STATUS: \_\_\_ MARRIED \_\_\_ SINGLE \_\_\_ WIDOWED \_\_\_ DIVORCED ARE YOU  
IN A LONG TERM RELATIONSHIP WITHOUT MARRIAGE? \_\_\_ YES \_\_\_ NO

ARE YOU A VETERAN? \_\_\_ YES \_\_\_ NO

**II. CO-APPLICANT INFORMATION**

(if applicable)

NAME \_\_\_\_\_  
Last First Middle Maiden name (if applicable)

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

TRIBE \_\_\_\_\_ ROLL NUMBER \_\_\_\_\_

ARE YOU A VETERAN? \_\_\_ YES \_\_\_ NO

IS YOUR ADDRESS THE SAME AS THE APPLICANT'S? \_\_\_ YES \_\_\_ NO

IF NOT PLEASE PROVIDE CURRENT ADDRESS. \_\_\_\_\_  
Street / P.O. Box

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

**Office Use Only – Routing Checklist**

\_\_\_\_ Comprehensive Housing Coordinator

\_\_\_\_ OHA Home Ownership Program

\_\_\_\_ OHA Resident Service Specialist

\_\_\_\_ DOLM Rental Leasing Specialist

\_\_\_\_ OHA Transitional Living Program

\_\_\_\_ Elder Services

**III. HOUSEHOLD INFORMATION**

List all persons and family members that will live with you as part of your household. Please include due dates for unborn children.

Name	Date of Birth or Due Date	Relationship	Tribe & Roll #	Custody (circle one)	Social Security Number
				Split / 100%	
				Split / 100%	
				Split / 100%	
				Split / 100%	
				Split / 100%	
				Split / 100%	

Number of bedrooms needed for your household: \_\_\_\_\_

Do you own any pets?     \_\_\_ Yes     \_\_\_ No

**IV. INCOME INFORMATION**

List Household Income: All verifiable income being received by all members of the household. Employment income must be verified with the attached Employment Verification Form.

List non-employment income received by each household member.  
(Example - Social Security, Disability, Pensions, TANF, Child Support, Per Capita, etc)

Name	Monthly Amount	Source of Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

**V. PURPOSE OF REQUEST**

(Check all that apply)

- I would like to: A. \_\_\_\_\_ Purchase or build a home  
                   B. \_\_\_\_\_ Rent a home or apartment  
                   a. \_\_\_\_\_ Rent an Elder Apartment  
                   C. \_\_\_\_\_ Transitional Housing  
                   D. \_\_\_\_\_ Build an addition  
                   E. \_\_\_\_\_ Do repairs on my existing home

If you are planning on doing home repairs, please provide the location of your home and a list of the repairs you expect to complete.

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Have you applied for any type of housing assistance?  Yes  No

If yes, please provide the name of the institution to which you applied , date of application, and written proof of denial. \_\_\_\_\_  
\_\_\_\_\_

Have you ever previously been a tenant with Oneida Housing Authority?

Yes  No

### VI. CURRENT HOUSING INFORMATION

1. Current housing status:  Homeless  Rent  Own  Family/Friends

1a. If you are homeless, do you have accessibility to shelter of any kind?

Yes  No

1b. How long have you been homeless? \_\_\_\_\_

Please explain your situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **If you rent, please complete the attached Rental/Landlord Verification Form.**

Nature of Request : What are your current circumstances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VII. GENERAL INFORMATION

1. Does anyone listed in this application under "Household Information" have a severe health problem, handicap, or permanent disability?  Yes  No

If yes, please provide the name of the individual and a brief description of the condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit documentation from two of the following sources verifying the individuals circumstance: The individuals physician.

A second doctor's opinion.

The Veteran's Administration.

The Social Security Administration.

2. Have you ever been charged or convicted of a misdemeanor or a felony?

Yes  No

2a. If yes, please explain and include dates. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU OWN A HOME, PLEASE COMPLETE SECTION VIII, IF NOT, GO TO SECTION IX.**

**VIII. HOME OWNERS**

1. If you own your home, is it subject to an existing mortgage or lien?  Yes  No

2. Identify mortgage or lien holders:

NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE

3. When did you purchase your home? \_\_\_\_\_

3a. How old is the house? \_\_\_\_\_

3b. Is there a Tribal land lease?  Yes  No

3c. When was the lease issued? \_\_\_\_\_

4. Are you currently living in this house?  Yes  No

4a. If no, is someone else living in the house and are you receiving an income from the house?  Yes  No

4b. If yes, how much do you collect annually? \_\_\_\_\_

5. Do you have an outstanding Tribal Housing loan?  Yes  No

6. Do you live in a Mutual Help House built with Housing and Urban Development (HUD) funds  Yes  No

6a. If yes, is the HUD project still under the operation of the Oneida Housing Authority?  Yes  No

**(NOTE : THE EXISTENCE OF A MORTGAGE / LIEN MAY NOT PROHIBIT PARTICIPATION IN ANY PROGRAM, BUT AN OVERALL DEDUCTION IN POINTS MAY RESULT.)**

**IX. LAND AND INFRASTRUCTURE INFORMATION**

**IF YOU OWN LAND WITHIN THE RESERVATION BOUNDARIES, PLEASE COMPLETE THIS SECTION, IF NOT, GO TO SECTION X.**

1. What is the status of the land?

Individual Fee  Tribal Fee  Individual Trust  Tribal Trust

2. If you own the land, how is it held?

Sole Ownership  Joint Tenancy  Tenancy in common

Other Please explain \_\_\_\_\_

3. If you do not own the land, how is it held?  Leasehold interest  Use Permit

Assignment Please explain \_\_\_\_\_

Other Please explain \_\_\_\_\_

4. What type of system are you currently using?

SEWER:  City Sewer  Septic  Chemical toilet  Other

WATER SOURCE:  City  Private Well  Community Tank

**X. APPLICANT CERTIFICATION AND AUTHORIZATION**

**NOTE: FAILURE TO PROVIDE SUFFICIENT DATA DECREASES THE LIKELIHOOD OF OBTAINING ASSISTANCE FROM THE ONEIDA TRIBE OF INDIANS OF WISCONSIN.**

PLEASE READ THIS CERTIFICATION CAREFULLY BEFORE SIGNING AND DATING YOUR APPLICATION. USE BLACK OR BLUE INK.

**CERTIFICATION**

I certify all of the answers given on this Oneida Nation Housing program application are true and complete to the best of my knowledge and belief, and are made in good faith. This certification is made with knowledge that the information will be used to determine eligibility to receive financial and/or housing assistance and that false or misleading statements may constitute a violation of federal or tribal law which may subject me/us to criminal prosecution , civil liability, or both.

**AUTHORIZATION**

The following is an authorization allowing the Housing Staff to seek out pertinent information from other sources regarding your application for housing and/or financial assistance.

I/We, the undersigned give permission to release information to the Housing Staff that will assist in determining my/our eligibility for housing and/or financial assistance.

Applicant's Signature\_\_\_\_\_Date

Co-Applicant's Signature (if applicable)\_\_\_\_\_Date

**ONEIDA NATION OF WISCONSIN  
HOUSING ASSISTANCE APPLICATION**

**-Employment Income Verification Form-**

***This Section To Be Completed By Applicant***

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

Dear Sir/Madam;

Please supply the information requested below and return this completed form to the applicant as soon as possible. The information provided will be held in strict confidence and used only to determine your employee's eligibility for housing assistance in the most applicable program.

Attached for your record is an Authorization For Release Of Information signed by the above referenced individual.

Thank you.

Oneida Nation and Oneida Housing Authority

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***This Section To Be Completed By Employer***

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Date of Employment \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employment Status:  Permanent  Temp  Full Time  Part Time

Employment Standing:  Still Employed  Terminated Term Date \_\_\_\_\_

Salary - Base Pay Rate Per Hour: \_\_\_\_\_

Average Hours Per Week At Base Pay Rate: \_\_\_\_\_

Is Employee on Disability, Workman's Compensation, Unemployment, or Leave of Absence W/O pay? \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Employer Signature & Title \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**ONEIDA NATION OF WISCONSIN  
HOUSING ASSISTANCE APPLICATION**

**-Employment Income Verification Form-**

***This Section To Be Completed By Applicant***

Date\_\_\_\_\_

Employee Name\_\_\_\_\_

Address\_\_\_\_\_

Dear Sir/Madam;

Please supply the information requested below and return this completed form to the applicant as soon as possible. The information provided will be held in strict confidence and used only to determine your employee's eligibility for housing assistance in the most applicable program.

Attached for your record is an Authorization For Release Of Information signed by the above referenced individual.

Thank you.

Oneida Nation and Oneida Housing Authority

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**This Section To Be Completed By Employer**

Employee Name:\_\_\_\_\_

Address:\_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Date of Employment\_\_\_\_\_ Length of Employment\_\_\_\_\_

Employment Status: \_\_\_\_Permanent \_\_\_\_Temp \_\_\_\_Full Time \_\_\_\_Part Time

Employment Standing: \_\_\_\_Still Employed \_\_\_\_Terminated Term Date\_\_\_\_\_

Salary - Base Pay Rate Per Hour:\_\_\_\_\_

Average Hours Per Week At Base Pay Rate:\_\_\_\_\_

Is Employee on Disability, Workman's Compensation, Unemployment, or Leave of Absence W/O pay?\_\_\_\_\_

Company Name\_\_\_\_\_ Date\_\_\_\_\_

Phone Number\_\_\_\_\_ Fax Number\_\_\_\_\_

Employer Signature & Title\_\_\_\_\_

Employee Signature\_\_\_\_\_ Date\_\_\_\_\_

**ONEIDA NATION OF WISCONSIN  
HOUSING ASSISTANCE APPLICATION**

**-Rental/Landlord Verification Form-**

***This Section To Be Completed By Applicant***

Date \_\_\_\_\_

Tenants Name \_\_\_\_\_

Address \_\_\_\_\_

The above referenced individual has applied for housing and/or assisted housing under an Oneida Nation and/or Oneida Housing Authority (OHA) program. Please supply the information requested below and return this completed form to the applicant at your earliest convenience. The information provided will be help in strict confidence and used solely to determine the applicant's eligibility for the applicable housing program.

Attached for you record is an Authorization for Release Of Information signed by the above referenced individual.

Thank you.

Oneida Nation and Oneida Housing Authority

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***This Section To Be Completed By Landlord***

Is the tenant currently in a lease agreement? \_\_\_\_\_ When does it expire? \_\_\_\_\_

What is the currently monthly rental rate? \_\_\_\_\_

Do you receive Section 8 Housing Vouchers? \_\_\_\_\_ If yes, \$ \_\_\_\_\_ per month

Does tenant pay rent on time? \_\_\_\_\_ Length of Tenancy \_\_\_\_\_

Does tenant owe back rent? \_\_\_\_\_ Amount? \_\_\_\_\_

Does tenant maintain home (normal wear and tear)? \_\_\_\_\_

Does tenant have history of complaints or damage done by tenant and/or guests? \_\_\_\_\_

Reason for moving? \_\_\_\_\_

Would you rent to this tenant again? \_\_\_\_\_

Was lease agreement terminated due to an eviction? \_\_\_\_\_ No \_\_\_\_\_ Yes

Was the lease agreement terminated on a mutual consent basis? \_\_\_\_\_ No \_\_\_\_\_ Yes

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord Contact Number

\_\_\_\_\_  
Landlord Fax Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**ONEIDA NATION OF WISCONSIN  
HOUSING ASSISTANCE APPLICATION**

VERIFICATION OF STUDENT STATUS  
Primary or Secondary Education

**I. This Section To Be Completed By Parent/Guardian:**

The Oneida Housing Authority (OHA) requires student status verification to determine eligibility for its family housing program.

Student(s)	School Address and Phone Number
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

**II. This Section To Be Completed By 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: \_\_\_\_\_

**ONEIDA NATION OF WISCONSIN  
HOUSING ASSISTANCE APPLICATION**

VERIFICATION OF STUDENT STATUS  
Primary or Secondary Education

***I. This Section To Be Completed By Parent/Guardian:***

The Oneida Housing Authority (OHA) requires student status verification to determine eligibility for its family housing program.

Student(s)	School Address and Phone Number
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

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***II. This Section To Be Completed By 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: \_\_\_\_\_

**ONEIDA NATION OF WISCONSIN  
HOUSING ASSISTANCE APPLICATION**

VERIFICATION OF CHILD CARE PAID  
FOR CARE OF CHILDREN OR DEPENDENT PERSON(S)

I, \_\_\_\_\_ who resides at \_\_\_\_\_  
Name Address

do hereby certify I provide childcare on the following children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on the following days and hours:

Day of Week	Daily Hours	From Time to Time
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 _____ or per month: _____		
Amount received for care from the family: \$_____ per week or month.		
Amount received from other (agency), if any: \$_____ per week or month		
(Note: include full-time summer care of school children, if applicable)		

Print Care Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number of Care Provider: \_\_\_\_\_

Relationship to Parent, if any: \_\_\_\_\_

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 and willingly 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).

**ONEIDA NATION OF WISCONSIN  
HOUSING ASSISTANCE APPLICATION**

**-Authorization For The Release Of Information-**

**Purpose**

The Oneida Nation and Oneida Housing Authority (OHA) may use this authorization and the information obtained with it, to administer and enforce program rules and policies

**Authorization**

I authorize the real of any information (including documentation and other materials) pertinent to eligibility for or participation under the following programs:

- Low-Income Rental Indian Housing
- Home Ownership Opportunity Program
- Property Management Rentals
- Elderly Services Senior Housing
- Tribal Loan Credit
- Social Services

I authorize the Oneida Nation and OHA to obtain information on wages, or unemployment from State Employment Securities Agencies.

**Information Covered Inquiries May Be Made About:**

Child Care Expenses, Criminal Activity, Family Composition, Employment, Income, Pensions and Assets, Federal, State, Tribal or Local Benefits, Handicapped Assistance, Expenses, Medical Expenses, Social Security Numbers, Residences and Rental History.

**Individual Or Organizations The May Release Information**

Any individual or organization including any governmental organization may be asked to release information. For example, Courts, Law Enforcement Agencies, Employers, Past and Present Landlords, Providers of Alimony, Child Care, Child Support, Handicapped Assistance, Medial Care, Pensions/Annuities, Schools and Colleges, U.S. Social Security Administration, U.S. Department of Veterans Affairs, Utility Companies, Welfare Agencies

**Computer Matching Notice & Consent**

I agree that the Oneida Nation and OHA may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or Local Agencies. The government agencies included: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Department of Defense, U.S. Postal Service, State Employment Security Agencies, State Welfare and Food Stamp Agencies. The match will be used to verify information supplied by the applicant.

**Conditions**

I agree photocopies of this authorization may be used for the purpose stated above. **I understand by signing, my authorization for the release of information is good for one year from the signature date.** If I do not sign this authorization I also understand my housing assistance request may be denied or terminated. **THIS RELEASE OF INFORMATION WILL BE CURRENT FOR 1 YEAR FROM DATE SIGNED.**

\*\*\*\*\*

X \_\_\_\_\_  
Signature, Head of Household                      Date

X \_\_\_\_\_  
Signature of Spouse, Other Adult                      Date

\_\_\_\_\_  
Social Security Number - Head of Household

\_\_\_\_\_  
Social Security Number - Spouse/Other Adult

X \_\_\_\_\_  
Signature of Other Adult Household Member                      Date

(\_\_\_\_\_) \_\_\_\_\_  
Head of Household Contact Phone Number

\_\_\_\_\_  
Social Security Number