



## Check List for MRSP Application Chicago

Please initial when completed & before sending in application

- Completed MRSP Application
- Tribal ID for Applicant
- Copy of Social Security cards for everyone in the household (*Do NOT send original*)
- Copy of 4 most recent check stubs (employment, including anyone over 18yrs of age)
- Copy of Per-Capita Check Stub (including anyone over 18yrs of age)
- Veteran? Please attach a copy of your DD214

A written decision will be mailed to the applicant within ten business days. If approved, applicants are informed of the unit size for which they are eligible, based upon family size and composition.

You can Email, scan, fax or mail this back to one of the following;

[Randall.mann@ho-chunk.com](mailto:Randall.mann@ho-chunk.com)

[Raven.rosin@ho-chunk.com](mailto:Raven.rosin@ho-chunk.com)

[Elizabeth.Eades@ho-chunk.com](mailto:Elizabeth.Eades@ho-chunk.com)

[Elaina.cloud@ho-chunk.com](mailto:Elaina.cloud@ho-chunk.com)

HHDA  
C/o Tenant Services  
P.O. Box 730  
Tomah, WI. 54660

608-374-1270 Fax



Official Use Only  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_

### Metro Rent Subsidy Pilot (MRSP)

### Chicago

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_

Race:

White [ ] African American [ ] Asian [ ] American Indian/Alaska Native [ ]

Native Hawaiian/ Other P.I. [ ]

HCN Tribal Enrollment number: \_\_\_\_\_

If not a Ho-Chunk Enrolled Member what federally recognized tribe are you a member of: \_\_\_\_\_

Federally Recognized Tribal Enrollment Number: \_\_\_\_\_

Social Security number: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male [ ] Female [ ] Disabled: Yes [ ] No [ ] Veteran: Yes [ ] No [ ] (if yes attach your DD214)

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Message Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Address (where you live)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Mailing Address (If different from Legal)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



### Family Composition Information

List information for ALL adults first, then children under age 18.

Full Name	SSN	Student	Relationship to Head	D.O.B.
1				
2				
3				
4				
5				
6				
7				

\*\*\*\**Must attach a copy of the Social Security Card for each household member*

Birth Place	M/F	1	2	3	4	5	Ethnicity-Hispanic?	EC	EN	IN	PV	Handicap/Disabled
1												
2												
3												
4												
5												
6												
7												

Eligibility Codes:	EC = Eligible Citizen EN = Eligible Noncitizen IN = Ineligible Noncitizen PV = Eligibility Pending	Race Codes: : 1 = White 2 = Black / African American 3 = American Indian / Alaska Native 4 = Asian 5 = Native Hawaiian / Other Pacific Islander
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## Family Income

List Total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members age 18 or older or older on behalf of other family members under age 18.

### \*Employment/Income Information

Enter each type of income that any household member will have in the next year. **Including anyone over the age of 18 years**

Family member \_\_\_\_\_ Source/Company \_\_\_\_\_  
Income Type \_\_\_\_\_ Position \_\_\_\_\_  
Start Date \_\_\_\_\_ How Long \_\_\_\_\_ Address \_\_\_\_\_  
Income Per \_\_\_\_\_ Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Income Amount \$ \_\_\_\_\_

Family member \_\_\_\_\_ Source/Company \_\_\_\_\_  
Income Type \_\_\_\_\_ Position \_\_\_\_\_  
Start Date \_\_\_\_\_ How Long \_\_\_\_\_ Address \_\_\_\_\_  
Income Per \_\_\_\_\_ Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Income Amount \$ \_\_\_\_\_

Family member \_\_\_\_\_ Source/Company \_\_\_\_\_  
Income Type \_\_\_\_\_ Position \_\_\_\_\_  
Start Date \_\_\_\_\_ How Long \_\_\_\_\_ Address \_\_\_\_\_  
Income Per \_\_\_\_\_ Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Income Amount \$ \_\_\_\_\_

Income Type Codes:

- |                      |                   |                           |                                    |
|----------------------|-------------------|---------------------------|------------------------------------|
| P = Pension          | S = SSI           | G = General Assistance    | I = Indian Trust/Per Capita        |
| B = Own Business     | F = Federal Wages | W = Other Wages           | N = Other Non-wage Source          |
| SS = Social Security | T = TANF          | C = Child Support         | E = Medical Reimbursement          |
| M = Military Pay     | HA = PHA Wages    | U = Unemployment Benefits | IW = Annual Imputed Welfare Income |



## Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value.

Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	Zip _____
	Telephone _____

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Annual Income Received from Asset</u>
-Checking Acct.	_____	_____
-Savings Acct.	_____	_____
-Stocks/Bonds/CD's Investments	_____	_____
-Real Estate	_____	_____
-Other	_____	_____

Are you homeless? \_\_\_\_\_

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

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Anyone over 18 years of age

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Anyone over 18 years of age

\_\_\_\_\_  
(Date)



**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/we, the undersigned, with this, authorize the HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY and their agents to obtain any information, necessary, to process the HUD housing application. This information may be obtained from the following sources, and of the Programs of the HO-CHUNK NATION, Federal, State, and Local governments and any of their agencies and representatives, Law Enforcement Agencies, Financial Institutions and current and prior landlords. This list is not all-inclusive and may include any additional agency, government, or private source, as deemed necessary by the HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY and/or their agents.

I/we, the undersigned, with this, release the HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY and/or their agents any requested information from the following agencies: Federal, State, And Local governments Law Enforcement Agencies, Financial Institutions, and current or prior landlords.

The information request may be given by fax, telephone, or in writing. This release is valid for fifteen (15) months from the date of the applicant’s signature. This release is valid if photocopied and does not have to have an original signature.

**I/we have read the terms and conditions of the AUTHORIZATION FOR THE RELEASE OF INFORMATION and with this, give consent for the release of any requested information.**

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
S.S.N. OF APPLICANT

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

\_\_\_\_\_  
TODAY’S DATE

\_\_\_\_\_  
PRINT NAME OF CO-APPLICANT

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
S.S.N. OF APPLICANT

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

\_\_\_\_\_  
TODAY’S DATE



**FEDERAL PRIVACY ACT**

The U.S. Department of Housing and Urban Development HUD will be collecting information you gave to the Ho-Chunk Housing and Community Development Agency at application or re-examination. HUD will collect the information on Form HUD 50058. The data it will collect includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C.3543 requires applicant and residents to give the Authority the SS(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use SS(s) and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended 42 U.S.C. 1437et. Seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information listed in the first paragraph to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay action on it. If you are receiving housing assistance and you do not give the Authority this information the Authority may have to evict you or withdraw your housing assistance.

I have read and fully understand the Federal Privacy Act Statement.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Applicant

\_\_\_\_\_  
Date