



HO-CHUNK NATION

DEPARTMENT OF HOUSING

**HOUSING FOR THE GENERAL WELFARE OF
ELDERS AND NON-ELDERS ACT**

Enclosed is an application for the Home Ownership Program (HOP) through this act.

There are three types of Housing options that can be utilized under this program which are:

- 1. NEW HOME CONSTRUCTION**
- 2. ACQUISITION OF AN EXISTING HOMES**
- 3. REFINANCING OF YOUR CURRENT MORTGAGE**

We ask that you fill out the application, provide all of the required information and return to our office as soon as possible.

If you are claiming Veteran status, please include a copy of your DD 214.

If you are claiming dependents, include page one and two of your Federal Tax Form 1040.

Please provide a copy of your Land documents, if pertaining to this application.

You will be contacted in the near future regarding your application.

We look forward to working with you and please feel free to contact our office if you have questions, we can be reached at (608) 374-1225.



HO-CHUNK NATION
DEPARTMENT OF HOUSING

Home Ownership Application / Update

This application is designed to be completed by the applicant(s) in order to determine eligibility and priority rating. Failure to completely fill out and provide documentation will delay further review and processing.

APPLICATION INFORMATION					
Applicant's Name (include Jr. or Sr. if applicable)			Co-Applicant's Name (include Jr. or Sr. if applicable)		
HCN Enrollment # (copy is required)	Home Phone	Age	HCN Enrollment # (copy is required)	Home Phone	Age
Present Address (street, city, state, ZIP)			Present Address (street, city, state, Zip)		
Date of Birth	Social Security Number		Date of Birth	Social Security Number	

District of Residence: 1 2 3 4 5 County of Residence _____
(Please circle one)

Income Bracket: ___\$0-20,000 ___\$21,000-40,000 ___\$41,000-70,000 ___\$71,000-100,000 ___\$100,000 and over
(Please check one)

VETERAN STATUS	
Applicant	Co-Applicant
Ho-Chunk Veteran Yes _____ No _____	Ho-Chunk Veteran Yes _____ No _____
Non-Ho-Chunk Veteran Yes _____ No _____	Non-Ho-Chunk Veteran Yes _____ No _____
Send copy of DD214 or copy of Active Military ID Card	Send copy of DD214 or copy of Active Military ID Card

Does the applicant, co-applicant(s) have any outstanding debts _____ Yes _____ No If so, please describe

CURRENT RESIDENTIAL INFORMATION	
Indicate your current living arrangement:	
_____ own home (outside lending)	_____ own mobile home
_____ own Mutual Help home	_____ inherited a Ho-Chunk HOP home
_____ renting	_____ living with extended family or friends
_____ rent to own	
_____ number of bedrooms	_____ number of adults living in current residence

Please list all dependents, you must submit a copy of page one and two of your Federal Income tax return or **verification of dependent placement**. Must provide copy of all HCN Enrollment Numbers.

NAME	HCN ENROLLMENT #	DATE OF BIRTH	SEX

Present Housing Conditions: _____ Very Good (estimated repairs \$1 - 1,000) _____ Minor Repairs (estimated repairs \$1,001 - 5,000) _____ Major Repairs (estimated repairs \$5,001 - 20,000)

HANDICAPPED/DISABLED INFORMATION
If applicable, please indicate type of handicap or disability. Copy of disability verification must be submitted.

LAND/LEASE INFORMATION
Do you have land available on which the home will be constructed?: ___ Yes ___ No
Do you intend to purchase land from HOP approval funds?: ___ Yes ___ No
Do you already have a land lease?: ___ Yes ___ No
Address of available property (street, city, state, and zip), if applicable:

Type of Assistance Applying for (check ONLY ONE)

- New Home Construction**
- Acquisition of Existing Home**
- Refinancing of your Current Mortgage**
 If Refinancing of your Current Mortgage, please indicate Balance of Mortgage \$ _____

	CERTIFICATION	
<p>IF AN APPLICANT IS FOUND TO HAVE KNOWINGLY SUBMITTED A FALSE OR FRAUDULENT APPLICATION, THE APPLICATION SHALL BE REJECTED AND THE APPLICANT SHALL BE SUBJECT TO A FINE NOT IN EXCESS OF \$5,000.00, which may be deducted from the Applicant's per capita as a debt to the Nation, provided that the Applicant may obtain review of HOP's finding of a fraudulent or false application by petition to the Nation's Tribal Court within thirty (30) days of any such assessment.</p>		

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application, and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained within this application may result in a penalty of being ineligible for the Home Ownership Program and a denial of the processing of the application and any future applications for this program.

Applicant's Signature	Date	Co-Applicant's Signature	Date
-----------------------	------	--------------------------	------



HO-CHUNK NATION

DEPARTMENT OF HOUSING

AUTHORIZATON FOR RELEASE OF INFORMATION

I/we, the undersigned, with this, authorize the Ho-Chunk Nation Department of Housing and their agents to obtain any information, necessary, to process the Ho-Chunk Nation Home Ownership Application. This information may be obtained from the following sources, any 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 Nation Department of Housing and/or their agents.

I/we, the undersigned, with this release the Ho-Chunk Nation Department of Housing 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 requested may be given by fax, telephone, e-mail 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.

Printed Name of Applicant

Signature of Applicant

S.S.N. of Applicant

Date of Birth of Applicant

Date

Printed Name of Co-Applicant

Signature of Co-Applicant

S.S.N. of Co-Applicant

Date of Birth of Co-Applicant

Date