



HO-CHUNK NATION DEPARTMENT OF HOUSING

DOWN PAYMENT ASSISTANCE APPLICATION

All questions on the application must be answered. **Incomplete applications will be returned.**
PLEASE INCLUDE A COPY OF YOUR TRIBAL ENROLLMENT VERIFICATION (Tribal ID, CDIB)

APPLICATION INFORMATION					
Applicant's Name (include Jr. or Sr. if applicable)			Co-Applicant's Name (include Jr. or Sr. if applicable)		
E-mail address:			E-mail address:		
Tribal Enrollment #	Phone Number	Age	Tribal Enrollment #	Phone Number	Age
Present Address (street, city, state, zip code)			Present Address (street, city, state, zip code)		
Date of Birth	Social Security Number		Date of Birth	Social Security Number	
Veteran Yes No	Elder (55 or older) Yes No		Veteran Yes No	Elder (55 or older) Yes No	

PROPERTY INFORMATION	
Street Address: _____ City: _____ State: _____ Zip: _____	
Type of Home: <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Modular <input type="checkbox"/> Other _____	
Is the home you are purchasing or building on private water or sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this property considered trust land? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
Source of Heat in Home: <input type="checkbox"/> Gas <input type="checkbox"/> LP <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Oil <input type="checkbox"/> Other _____ Age of Property: _____	

FINANCIAL INSTITUTION INFORMATION	
Financial Institution/Lender Name: _____	
Street Address: _____ City: _____ State: _____ Zip Code: _____	
Contact Person: _____ Phone: _____ Ext. _____	

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 Down Payment Assistance and a denial of the processing of the application and any future applications for this program.

Applicant Signature

Date

Co-Applicant Signature

Date



HO-CHUNK NATION DEPARTMENT OF HOUSING

DOWN PAYMENT ASSISTANCE STIPULATION AGREEMENT

I, _____, understand that I have been tentatively approved for Down Payment Assistance (DPA) grant of \$50,000.00 pending receipt of this stipulation.

There are two (2) stipulations to the Down Payment Assistance (DPA) grant, I will verify each stipulation as I have read and understood to the best of my knowledge.

_____ 1. I agree to this once in a lifetime benefit and my name will be withdrawn from the Ho-Chunk Nation's Home Ownership Program, Veteran's Home Ownership Program, Elder's Home Ownership Program, and the Existing Mortgage Assistance Program waiting lists and I will not be eligible to receive any additional funding from these programs.

_____ 2. I understand that I am responsible for all repairs and regular maintenance on my home, and home owner's insurance on the property, as well as property taxes, if applicable.

Please sign and date the agreement, and return the original to the Ho-Chunk Nation, Department of Housing.

I have read the terms and conditions of the Down Payment Assistance Stipulation Agreement and I agree to the two (2) stipulations initialed.

Ho-Chunk Nation Tribal Member Printed Name

Date

Ho-Chunk Nation Tribal Member Signature

Date

Home Ownership Program Manager Printed Name

Date

Home Ownership Program Manager 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 Housing Assistance Application. This information may be obtained from the following sources:

- Any Programs of the Ho-Chunk Nation,
- Federal, State, and Local governments and any of their agencies and representatives
- Law Enforcement Agencies
- Financial Institutions
- 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 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 Date

Applicant Signature

S.S.N. of Applicant

Date of Birth of Applicant

Printed Name of Co-Applicant Date

Co-Applicant Signature

S.S.N. of Co-Applicant

Date of Birth of Co-Applicant