

HO-CHUNK NATION DEPARTMENT OF HOUSING

EXISTING MORTGAGE ASSISTANCE APPLICATION

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

	API	PLICATION	INFORMATION		
Applicant's Name (include	Jr. or Sr. if applicable)		Co-Applicant's Name (inc	clude Jr. or Sr. if applicable)	
E-mail address:			E-mail address:		
Tribal Enrollment #	Phone Number	Age	Tribal Enrollment #	Phone Number	Age
Present Address (street, cit	y, state, zip code)	-	Present Address (street, ci	ity, state, zip code)	
Date of Birth	Social Security Nur	mber	Date of Birth	Social Security Num	ber
Veteran Yes No	Elder (55 or older) Y	es No	Veteran Yes No	Elder (55 or older) Yes	s No
		PROPERTY	YINFORMATION		
	mily home □Duplex □C	ondo/Townh		State: Zip:	
	FIN	ANCIAL IN INFORM	STITUTION ATION		
Financial Institution/Lender N	Name:				
Street Address:		C	ity:	State: Zip Code:	
Contact Person:			Phone:	Ext	
forth opposite in any intentional application ma	my/our signature(s) on t l or negligent misrep y result in a penalty of cocessing of the applica	this applicoresentations in the contraction of the	ation and acknowledge at on(s) of the information	d correct as of the date se my/our understanding that on contained within thi Mortgage Assistance and sor this program.	t s



HO-CHUNK NATION DEPARTMENT OF HOUSING

EXISTING MORTGAGE ASSISTANCE STIPULATION AGREEMENT

	, understand that I have been tentatively approved for Existing				
Mortgage Assistance (EMA) grant	of \$50,000.00 pending rece	eipt of this stipulation.			
There are two (2) stipulations to the stipulation as I have read and under		nce (EMA) grant, I will verify each wledge.			
Chunk Nation's Home Elder's Home Owners	e Ownership Program, Veter hip Program, and the Existin	me will be withdrawn from the Horan's Home Ownership Program, ng Mortgage Assistance Program ny additional funding from these			
		d regular maintenance on my home, ell as property taxes, if applicable.			
Please sign and date the agreement of Housing.	t, and return the original to	the Ho-Chunk Nation, Department			
I have read the terms and condition and I/we agree to the two (2) stipul		Assistance Stipulation Agreement			
Ho-Chunk Nation Tribal Member Prir	nted Name	Date			
Ho-Chunk Nation Tribal Member Sign	nature	Date			
Home Ownership Program Manager F	rinted Name	Date			
Home Ownership Program Manager 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 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	Applicant Signature	Date
S.S.N. of Applicant	Date of Birth of Applicant	
Printed Name of Co-Applicant	Co-Applicant Signature	Date
Timed Name of Co-Applicant	Co-1 approant Signature	Date
S.S.N. of Co-Applicant	Date of Birth of Co-Applicant	