



**HO-CHUNK NATION  
DEPARTMENT OF HOUSING**

**Home Improvement Repair Loan Application**

**INCOMPLETE APPLICATIONS WILL BE RETURNED.**

All questions on the application must be answered.

APPLICATION INFORMATION					
Applicant's Name (include Jr. or Sr. if applicable)			Co-Applicant's Name (include Jr. or Sr. if applicable)		
Tribal Enrollment #	Phone Number	District	Tribal Enrollment #	Phone Number	District
Mailing Address (Street, City, State, County, Zip Code)			Mailing Address (Street, City, State, County Zip Code)		
Date of Birth	Email Address		Date of Birth	Email Address	

PROPERTY INFORMATION
Street Address of Property: _____ City: _____ State: _____ Zip: _____ County of Residence Property is located: _____ Please list of repairs or improvements to be made: _____ _____ _____ _____ _____

FINANCIAL INSTITUTION & INSURANCE INFORMATION
Financial Institution Lender Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone: _____ Extension: _____ <b>INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.</b> <b>PLEASE ATTACH THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION:</b> 1. Verification of Tribal Enrollment, Copy of Tribal ID or Certificate Degree of Indian Blood (C.D.I.B) 2. Proof of ownership (copy of deed or title). 3. Verification of Home Owners Insurance 4. Copy of Credit Report (official credit report or any free credit report such as Credit Karma) 5. Must fill out monthly basic living expense worksheet and attach applicable documentation. 6. Verification of income for last sixty (60) days at the time of application submission.



## Home Improvement / Repair Monthly Basic Living Expenses

<b>MONTHLY HOUSING EXPENSES</b> <b>*Attach supporting documentation</b>	
Mortgage/Rent	
Property Taxes	
Home Owners Insurance	
Mortgage Insurance (PMI)	
HOA Fees	
<b>TOTAL</b>	
<b>MONTHLY FIXED DEBT</b> <b>*Attach supporting documentation</b>	
Car Payment 1	
Car Payment 2	
Car Payment 3	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Bank Loan	
Other Loan	
Other Loan	
Other Loan	
Child Support/Alimony	
<b>TOTAL</b>	
<b>MONTHLY INCOME</b> <b>*Attach supporting documentation</b>	
Gross Income 1	
Gross Income 2	
Gross PER CAP 1	
Gross PER CAP 2	
Social Security	
Pension Benefits	
Veterans Benefits	
Retirement	
Child Support/Alimony	
<b>TOTAL</b>	

<b>MONTHLY VARIABLE</b>	
Gas/Heat	
Electricity	
Water/Sewer	
WE Energies	
Home Phone	
Cell Phone	
Car Insurance	
Health Insurance	
Additional Insurance	
Groceries	
Eating Out	
Long Distance	
House Maintenance	
Gasoline	
Car Maintenance	
School Supplies	
Clothes	
Gifts	
Cable	
Internet	
Entertainment	
Pets	
Cigarettes	
Child Care	
Laundry	
Travel	
Casino	
Contributions	
School Lunch	
Pow-Wow	
<b>TOTAL</b>	

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 of the Home Repair Loan and a denial of the processing of the application and any future applications for this program.

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

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

**HOME REPAIR LOAN PROGRAM  
IRREVOCABLE CONSENT FOR CLAIM AGAINST PER CAPITA**

WHEREAS, I \_\_\_\_\_ am an enrolled Tribal Member of the Ho-Chunk Nation entitled to receipt of Per Capita Disbursements pursuant to the Nation's *Per Capita Distribution Ordinance* in accordance with Section 11(b)(3) of the Indian Gaming Regulatory Act, 25 U.S.C. Section 2710(b)(3); and,

WHEREAS, the Ho-Chunk Nation has adopted the *Claims Against Per Capita Ordinance* for matters inclusive of debts owed to the Nation, at Section 103(a); and,

WHEREAS, the Department of Housing, a part of the Nation, has loaned me monies in the amount up to \$ 25,000.00 in the form of a Home Repair Loan; with consecutive monthly payments of \$ TBD, inclusive of the administrative fee; and,

WHEREAS, I AGREE that it is my personal obligation to repay the monies due the Department of Housing/ the Nation;

I HEREBY CONSENT to the filing of an administrative Claim Against Per Capita of my next (or) next and all future distribution(s) in the event that I become more than sixty (60) days delinquent in my payment obligation and shall continue until said arrearage is paid in full; and,

RECOGNIZE that such claim will become effective 20 days prior to the next scheduled distribution following the date of this Consent with further notice from the Department of Housing; and,

FURTHER RECOGNIZE that should I fall into greater arrears in my Home Repair Loan obligations, the Nation has the right to enforce recovery by any and all legal means available inclusive of foreclosure.

ANY MONIES remaining in my per capita distribution after this and all other legitimate claims against my per capita distribution shall be mailed directly to me at the address I provide to the Enrollment Department.

Signed this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
TRIBAL MEMBER/MORTGAGOR

\_\_\_\_\_  
Department of Housing Representative

\_\_\_\_\_  
Tribal ID# / Social Security Number / HPW Acct #

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AS A RESULT OF AN AMOUNT DUE THE HO-CHUNK NATION HOME REPAIR LOAN PROGRAM BY THE TRIBAL MEMBER IDENTIFIED ABOVE, A CLAIM IN THE AMOUNT OF \$ \_\_\_\_\_ AGAINST PER CAPITA DISTRIBUTION ON \_\_\_\_\_ ONLY (OR) AND CONTINUING UNTIL NOTICED TO CEASE, IS HEREBY IMPOSED. (Cross out inapplicable term)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPARTMENT OF HOUSING REPRESENTATIVE

PRINT NAME \_\_\_\_\_



**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