



# HO-CHUNK NATION

## DEPARTMENT OF SOCIAL SERVICES INDEPENDENT LIVING DIVISION APPLICATION FOR RESIDENCY

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1) Name (First, middle and last) Applicant #1: \_\_\_\_\_

Any other names previously gone by: \_\_\_\_\_

2) Current Address: \_\_\_\_\_

\_\_\_\_\_

3) Current Phone Number: \_\_\_\_\_

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

4) Name (First, middle and last) Applicant #2: \_\_\_\_\_

5) Any other names previously gone by: \_\_\_\_\_

6) Date of Birth Applicant #1: \_\_\_\_\_

Date of Birth Applicant #2: \_\_\_\_\_

7) Social Security Number Applicant #1: \_\_\_\_\_

Social Security Number Applicant #2: \_\_\_\_\_

8) HCN Enrollment # Applicant #1: \_\_\_\_\_

HCN Enrollment # Applicant #2: \_\_\_\_\_

\*Must attach copy of Enrollment card(s)

9) List Children and/or Others to be contacted in the event of an emergency:

Name	Relationship	Telephone
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10) Has applicant(s) named above ever been convicted of a crime?	YES	NO
Has applicant(s) named above ever been evicted?	YES	NO

If Yes, to either question, please explain. For crimes, please list – Offense, Disposition, Date and County.

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11) Rental History (last 7 years):

Previous address: \_\_\_\_\_

Landlord name/phone: \_\_\_\_\_

Previous address: \_\_\_\_\_

Landlord name/phone: \_\_\_\_\_

12) Employment History:

Previous or Current Place of Employment: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

13) References (name and phone #) \_\_\_\_\_  
*Provide 2 (non-relatives)* \_\_\_\_\_  
\_\_\_\_\_

14) Any household member Handicapped/Disabled? Yes \_\_\_ No \_\_\_

15) Do You Have Any Pets? Yes \_\_\_ No \_\_\_ Type: \_\_\_\_\_

16) Have you even rented from Ho-Chunk Housing & Community Development Agency (HHCDA) or Ho-Chunk Housing? Yes \_\_\_ No \_\_\_ If yes, when and where? \_\_\_\_\_

17) Have you ever received a assistance through the Home Ownership Program (HOP) within the past 5 years? Yes \_\_\_ No \_\_\_

18) Do you currently own a home? Yes \_\_\_ No \_\_\_

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 occupancy and a denial of the processing of the application.

SIGNATURE OF APPLICANT 1:	DATE:
PRINTED NAME OF APPLICANT 1:	
SIGNATURE OF APPLICANT 2:	DATE:
PRINTED NAME OF APPLICANT 2:	

NOTE: Independent Living Division will consider your application incomplete if not filled out completely or you have not attached copies of requested information. And, your name will not be placed on the waiting list.



**HO-CHUNK NATION**  
**DEPARTMENT OF SOCIAL SERVICES**

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I/we, the undersigned, with this, authorize the Ho-Chunk Nation Department of Social Services and their agents to obtain any information, necessary, to process the Ho-Chunk Nation Independent Living 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 Social Services and/or their agents. I/we, the undersigned, with this release the Ho-Chunk Nation Department of Social Services and/or their agents any requested information from the following agencies: federal, state and local governments, laws 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