



HO-CHUNK NATION DEPARTMENT OF HOUSING

RENTAL MANAGEMENT APPLICATION

APPLICATION INFORMATION					
Applicant's Name (include Jr. or Sr. if applicable)			Co-Applicant's Name (include Jr. or Sr. if applicable)		
HCN Enrollment # Attach copy	Phone #	Age	HCN Enrollment # Attach copy	Phone #	Age
Present Address (street, city, state, zip code)			Present Address (street, city, state, zip code)		
Date of Birth	Social Security #		Date of Birth	Social Security #	
Ho-Chunk Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No, Attach DD214	E-Mail Address		Ho-Chunk Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No, Attach DD214	E-Mail Address	

RENTAL HISTORY			
Present Lord: _____			
Address: _____			
City: _____	State: _____	Zip Code: _____	
Phone #: _____			
Previous Landlord: _____	Phone #: _____		
Previous Landlord: _____	Phone #: _____		
Have you ever rented from Ho-Chunk Housing & Community Development Agency (HHCDA):			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever rented from Ho-Chunk Housing?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever received a house through the Home ownership Program?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

P.O. Box 170, Tomah, WI 54660
(608) 374-1225 * Fax 372-6988
Housing@ho-chunk.com

RESIDENTIAL PREFERENCE

Please check your area of preference, If more than one area, then list first preference with 1; second preference with 2, and so on.

_____ Black River Falls _____ Minneapolis _____ Wisconsin Dells
_____ Green Bay _____ Milwaukee _____ Wisconsin Rapids
_____ Madison _____ Tomah _____ Wittenberg

HOUSEHOLD DATA

How Long Have You Lived at Present Address? _____ Any Household Member Handicapped/Disabled? Yes No

Do You Have Any Pets? Yes No Type: _____

List All Persons That Will Reside in the Unit. Please provide proof of custody for minor children residing in the unit.
(Court or divorce order, or social service placement, etc.)

	NAME	RELATIONSHIP	DATE OF BIRTH	HCN ENROLLMENT #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

MONTHLY INCOME DATA

PLEASE ATTACH paycheck stubs or other pertinent verification of income.

Employment	_____	Monthly Gross Income:	_____
AFDC	_____	Monthly Gross Income:	_____
Social Security	_____	Monthly Gross Income:	_____
Pension/Retirement	_____	Monthly Gross Income:	_____
Disability	_____	Monthly Gross Income:	_____
Unemployment Compensation	_____	Monthly Gross Income:	_____
Child Support	_____	Monthly Gross Income:	_____
Per Capita	_____	Monthly Gross Income:	_____
Other:	_____	Monthly Gross Income:	_____
		Total income:	_____



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 Rental Management 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

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 a rental unit and a denial of the processing of the application.

Signature of Applicant

Date

Printed Name of Applicant

Signature of Co-Applicant

Date

Printed Name of Co-Applicant

NOTE: Rental Management 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.

THIS APPLICATION WILL EXPIRE ONE YEAR FROM THE DATE OF COMPLETE SUBMISSION

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