



**HO-CHUNK NATION
DEPARTMENT OF TREASURY
LOAN DEPARTMENT**

REDUCED REPAYMENT AGREEMENT

I, _____ of
(First Name, MI, Last Name)

(Mailing Address)

Upon receipt of a loan from the Ho-Chunk Nation, do hereby request reduced payments for the Month(s) I am not employed and/or for the month(s) of temporary family medical leave. I understand that by signing this Agreement my payments will be Reduced 50% for 3 (three) months from the day this form is notarized, or until I become employed, which comes first.

This is a temporary reduction agreement, which must be renewed every three months until employed. This document is validated on the day it is notarized.

Signed this _____ day of _____, 20____

Signature

Tribal ID #

Certificate of Notary Public:

State of: _____ County of: _____

Signed or attested before me on this _____ day of _____, _____

By _____
(Members Name-Print Clearly)

Signature: _____

Notary Commission Expires: _____

Ho-Chunk Nation Dept of Treasury
Loan Dept.
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Black River Falls, WI 54615
715-284-1778 ~ TOB.Loans@ho-chunk.com~715-284-7887 Fax