



**HO-CHUNKNATION**  
**DEPARTMENT OF HOUSING**

**RENTAL MANAGEMENT APPLICATION**

I understand this application WILL EXPIRE ONE YEAR FROM THE DATE OF COMPLETE SUBMISSION.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. APPLICANT INFORMATION**

APPLICANT'S NAME (INCLUE JR. OR SR. IF APPLICABLE):

HO-CHUNK ENROLLMENT NUMBER: \_\_\_\_\_ AGE \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PRESENT MAILING ADDRESS:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a Ho-Chunk Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Email address: \_\_\_\_\_

CO-APPLICANT'S NAME (INCLUE JR. OR SR. IF APPLICABLE):

HO-CHUNK ENROLLMENT NUMBER: \_\_\_\_\_ AGE \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a Ho-Chunk Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Email address: \_\_\_\_\_

## **2. RENTAL HISTORY**

How long have you lived at your present address? \_\_\_\_\_

Please provide your current and prior landlord's information.

Present Landlord: \_\_\_\_\_

Name

Mailing Address: \_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip code

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_

Name

Mailing Address: \_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip code

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

References:

Please provide two references and his/her contact information. Please note that a relative will not be considered as a reference.

Reference #1: \_\_\_\_\_  
Name

Mailing Address: \_\_\_\_\_  
Address

\_\_\_\_\_

City	State	Zip code
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E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Reference #2: \_\_\_\_\_  
Name

Mailing Address: \_\_\_\_\_  
Address

\_\_\_\_\_

City	State	Zip code
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E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Have you ever rented from Ho-Chunk Housing and Community Development Agency (HHCDA)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever rented from Ho-Chunk Nation Department of Housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

### 3. RESIDENTIAL PREFERENCE

Please number your top three (1 for first preference, 2 for second preference, 3 for third, and so on) area of preferred residence.

Black River Falls \_\_\_\_\_ Madison \_\_\_\_\_

Tomah \_\_\_\_\_ Wisconsin Dells \_\_\_\_\_

Wisconsin Rapids \_\_\_\_\_

#### HOUSEHOLD DATA:

Is any household member handicapped/disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how many pets? \_\_\_\_\_

What type of pets? \_\_\_\_\_

List all persons that will reside in the Unit. Please provide proof of custody of minor children (court order, parent, divorce order, temporary placement, etc.) residing in the unit will need along with your application.

Name	Relationship	Date of Birth	Tribal ID Number

#### 4. MONTHLY INCOME DATA

Please complete the following and attach all verifications of income with your application. Income verification must be submitted with the rental application in order for the application to be complete. Incomplete applications will not be processed.

<u>Employment</u>	<u>Monthly Gross Income:</u>
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:
	<b>Total income:</b>

**5. CERTIFYING APPLICATION INFORMATION**

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

**6. AUTHORIZATION OF RELEASE OF INFORMATION**

Complete the Authorization of Release of Information form on the next page.



**HO-CHUNK NATION**  
**DEPARTMENT OF HOUSING**

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**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 Release of Information allows for the Department of Housing to conduct a criminal and/or financial background check for the undersigned.

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 during the applicant's pendency and tendency. 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 anyrequested information.

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Printed name of Applicant

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Signature of Applicant

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Social Security Number of Applicant

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Date of Birth of Applicant

Date: \_\_\_\_\_

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Printed name of Co-Applicant

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Signature of Co-Applicant

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Social Security Number of Co-Applicant

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Date of Birth of Co-Applicant

Date: \_\_\_\_\_

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