

Ho-Chunk Housing and Community Development Agency  
COVID-19 HOMEOWNER ASSISTANCE FUND (HAF)

**Mortgage Assistance and Utility Assistance Application**

Applicants must submit this Form and supporting documentation that they seek Financial Assistance under the HAF Program. **All applications must be completely filled out for processing to begin.**

**Applicant does not need to have a mortgage in order to apply**

<p><b>*FOR OFFICIAL USE*</b> Date Submitted: _____ Received by: _____</p>
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1. Do you own the residence in which you are living?  Yes  No

2. Is this home your primary place of residence?  Yes  No

**\*\* If yes to both, continue filling out application!!!!**

If no, you are not eligible for Homeowner Assistance Program. Please visit [HHCDA.com](http://HHCDA.com) about additional Covid Assistance programs that you may be eligible for.

**Applicant Information**

Applicant Name: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Gender: \_\_\_\_\_ Race and Ethnicity: \_\_\_\_\_ District: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

**Email Address:**

Name of Mortgage Company: \_\_\_\_\_ Monthly Mortgage Payment \$ \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address of Mortgage Company: \_\_\_\_\_

**General Information**

3. Are you an enrolled member of the Ho-Chunk Nation  Yes  No

a. If no, are you a Native American enrolled in a federally recognized tribe.  Yes  No

i. If yes, attach proof of membership of your Tribe

ii. If no, you are not eligible

4. Has anyone in your household been unemployed longer than 90 days?  Yes  No

5. Household size (total number of adults and minors in household): \_\_\_\_\_

**Past Due Mortgage, Delinquent Property Taxes, and Utility Costs Arrears:**

**Only** includes Delinquent Property Tax, Past Due Mortgage and Utility Costs Arrears **incurred on or after January 21, 2020.**

**Arrears include:** interest charges and penalties accrued from the date on which the first missed payment after January 21, 2020 was due.

**Arrears does not include:** interest charges or penalties accrued for Loan, Property Tax Arrears or Utility Costs Arrears incurred before January 21, 2020.

### Household Composition

Please provide the following information on All members of the household:

Name	Date of Birth	Annual Monthly Income	Last four Digits SSN #	Income Source
1.				
2.				
3.				
4.				
5.				
Total Monthly Income		X 12 months=	annual income	

### Annual Household Income

**Please note Ho-Chunk Nation Covid relief payments of HELP, TESS and Legacy are not considered income.**

**Applicant must attach and submit a wage statement, Social Security benefit letter, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020 or 2021 most recent year,**

**Applicants are strongly encouraged to submit their most recent 2020 or 2021 IRS 1040 tax form, this is the preferred method of income verification, and this will greatly assist processing application.**

### Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits?    Yes    No
2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)
  - A reduction in household income
  - Loss of Employment/Temporary Layoff/or Furlough
  - Reduction in hours/pay
  - Loss of self-employment/business income
  - Unable to work or experiencing financial hardship due to no child care/school or to care for family member
  - Over the age of 50 and enduring increased costs because of the COVID-19 pandemic
  - Disabled and enduring increased costs due to the COVID-19 pandemic
  - Incurred increased medical costs (hospital bills, medication costs, etc.)
  - Other financial hardship; list: \_\_\_\_\_

**Housing Instability**

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):

- A past due mortgage with foreclosure notice
- A past due utility with disconnect notice
- Any other evidence of such risk

a. If you checked any of the boxes above, attach supporting documentation demonstrating each type of housing instability (e.g. past due utility or foreclosure notice, or documentation of any other evidence of risk.)

b. If you checked any of the boxes above, please describe the details of your housing instability:

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**A. Past Due Mortgage, Delinquent Property Tax, Property Insurance, and Utility Costs Arrears**

**Do you have any Mortgage Payment Arrears, Delinquent Property Tax, or Utility Costs Arrears?**

(Check all that apply)

*If you check any of the boxes below, attach supporting documentation for each arrears payment (mortgage statements documents showing mortgage loan/property tax or utility costs arrears and interest accrued, etc., Tribal Members name must appear on each statement/bill)*

**Do you have a forbearance plan with your mortgage company? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_**

**Current Monthly Mortgage Payment Due: \$ \_\_\_\_\_**

Name of Mortgage Company/Bank: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

Are property taxes and insurance included in mortgage payment?  Yes No

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**MUST PROVIDE MONTHLY MORTGAGE STATEMENT/PAYMENT COUPON**

**Mortgage Arrears:** (Mortgage due after January 21, 2020 and not paid due to COVID 19 Pandemic  
Total amount in Arrears \$ \_\_\_\_\_

Please provide mortgage statement/coupon book from your lender

**Delinquent Property Taxes:** 2019 Property taxes due after January 21, 2020. Unpaid Amount: \$ \_\_\_\_\_

2020 Property taxes due in 2021. Unpaid Amount \$ \_\_\_\_\_

Submit full copy of current Property Tax Statement with Payment History.

**Property Insurance and Flood Insurance (if applicable).**

**Amount due:** \$ \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Submit full copy of insurance invoice.

**Homeowners/Condominium Association Fees:** \$ \_\_\_\_\_

Provide Statement with current and past due fees.

Name of Association: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Submit copy of any invoices you are seeking payment for.

**Utility Costs Arrears** (*Utility Cost payments in arrears*): Total amount in Arrears \$ \_\_\_\_\_

1. **Natural Gas / Propane/ Fuel Oil** : Amount \$ \_\_\_\_\_ (attach current bill)

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Electricity:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ (attach current bill)

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Water / Sewer:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ (attach current bill)

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Trash Removal:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ (attach current bill)

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Internet Service:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ (attach current bill)

Name of Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Payment Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For any of the above requested assistance please submit most recent utility statement / bill.

### B. Other Housing Expenses

**Do you expect to be unable to pay any other Housing Expenses?** *(Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease)*

*If you check any of the boxes below, attach supporting documentation for each housing expenses payment due*

\_\_\_\_\_ **Payment due:**

Amount Due: \$ \_\_\_\_\_

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

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### Applicant Acknowledgements

**TO THE APPLICANT:** By signing this Form, you are certifying that you have not already received funding or benefit from Homeowner Assistance from any other source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you have received such, Homeowner Assistance funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify Ho-Chunk Housing and Community Development Agency of changes to my household’s eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds for civil or criminal prosecution if Ho-Chunk Housing Community Development Agency determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

### Additional Requirements

1. Applicants must sign a release of information form allowing the Ho-Chunk Housing and Community Development Agency to verify any and all information required to participate in the COVID-19 Homeowner Assistance Fund.

**Attestation Applicant Acknowledgements**

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 150 percent of the Area Median Income for the household.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**OFFICIAL USE ONLY**

Approved:       Yes    No   Reason: \_\_\_\_\_

Denial Communicated: \_\_\_\_\_      Staff Signature: \_\_\_\_\_

Fax: 608-374-1270

United State Post Service: HHCD, P.O. Box 730 Tomah WI, 54660

Hand Deliver to 1116 E. Monowau St. Tomah WI, 54660.    Place in Drop Box outside the door.

Questions and applications about this can be emailed to [covid19chaps@ho-chunk.com](mailto:covid19chaps@ho-chunk.com) or call 608-374-1245

**All required documents must be attached in order to be considered for assistance.**

**HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY  
P. O. BOX 730, TOMAH, WI 54660**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/we, the undersigned, with this, authorize the HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY and their agents to obtain any information, necessary, to process the Homeowner Assistance Fund (HAF) application. This information may be obtained from the following sources, and 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 is not all inclusive and may include any additional agency, government, or private source, as deemed necessary by the HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY and/or their agents.

I/we, the undersigned, with this, release the HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY 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 request 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.**

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

-\_\_\_\_\_  
Last four of S.S.N. OF APPLICANT

-\_\_\_\_\_-\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
TODAY'S DATE

All required documents must be attached in order to be considered for assistance.

## COVID-19 Homeowner Assistance Fund

### Form Checklist

Please review your application to make sure that it contains the following information:

For all Applicants:

#### For All applicants you must submit the following:

- Copy of Warranty Deed (Tribal Members name must be on the deed) OR lot lease if on Trust Land
- Tribal Verification (Tribal ID (can be expired), Certificate Degree of Indian Blood, Percapita statement with full name and Tribal ID number)
- Income Verification Documentation
- Signed Release of Information Form

#### Submit the following documentation if applicable:

- Documents showing current Mortgage amount, past due amounts (if any) and interest/penalties accrued or foreclosure notice
- Delinquent property tax statement with amount due after January 21, 2020, but not yet paid.
- Homeowners insurance/flood insurance (if applicable) statement (Tribal members name must be on billing statement)
- Statement for Homeowner/condo association fee
- Documents showing Utility Costs Arrears and interest/penalties accrued
- Current Utility bills showing current Utility Costs due (Entire Bill)
- Documents showing other housing expenses related to COVID-19 for which payments are due
- Copy of mortgage statement

All required documents must be attached in order to be considered for assistance.



**HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY**  
**P. O. BOX 730, TOMAH, WI 54660**

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)**  
**2021 ANNUAL INCOME LIMITS:**  
*for Madison / Dane County and*  
*for Ho-Chunk Housing and Community Development Agency's*  
**ARP HOMEOWNERS ASSISTANCE FUND**

Income Category	Size of Household							
	1 Person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
<b>Extremely Low Income</b> (30% or less of HHCDA NAHASDA Median Income)	<b>21,700</b>	<b>24,800</b>	<b>27,900</b>	<b>30,950</b>	<b>33,450</b>	<b>35,950</b>	<b>40,120</b>	<b>44,660</b>
<b>Very Low Income</b> (50% or less of HHCDA NAHASDA Median Income)	<b>36,100</b>	<b>41,250</b>	<b>46,400</b>	<b>51,550</b>	<b>55,700</b>	<b>59,800</b>	<b>63,950</b>	<b>68,050</b>
<b>Low Income</b> (80% or less of HHCDA NAHASDA Median Income)	<b>55,950</b>	<b>63,950</b>	<b>71,950</b>	<b>79,900</b>	<b>86,300</b>	<b>92,700</b>	<b>99,100</b>	<b>105,500</b>
<b>Moderate Income</b> (100% or less of HHCDA NAHASDA Median Income)	<b>72,200</b>	<b>82,500</b>	<b>92,800</b>	<b>103,100</b>	<b>111,350</b>	<b>119,600</b>	<b>127,850</b>	<b>136,100</b>
<b>150% of the HHCDA NAHASDA Area Median Income (Three times the income limit for very low income families)</b>	<b>108,300</b>	<b>123,750</b>	<b>139,200</b>	<b>154,650</b>	<b>167,050</b>	<b>179,400</b>	<b>191,800</b>	<b>204,150</b>