



HO-CHUNK NATION
DEPARTMENT OF TREASURY

PROPERTY CLAIM FORM

Date: _____

Check type:

- Per Capita Distribution = Quarter: February, May, August or November (Circle one)
- Per Capita Advancement
- Tribal Employee Loan
- Employee Weekly Payroll
- Advance Travel/Reconciliation
- Accounts Payable
- Christmas Gift (Employee/Tribal Member)
- General Welfare payment (HELP, COFA, ESP, etc)

I am an adult **Enrolled Tribal Member / Employee / Parent or Guardian of an enrolled minor** (circle one) of the Ho-Chunk Nation as follows:

Name: _____
Address: _____

Telephone No.: _____
Date of birth: _____
Tribal Id#/Employee ID: _____
Social Security No/EIN.: _____

Signature: _____
Print Name: _____
Date: _____

Subscribed and sworn to before me
This ___ day of _____, 20__ at
Black River Falls, WI 54615.

Notary Public
My Commission Expires: _____

For Treasury Use Only:

Original Check #: _____ Original Check Date: _____

Verified by: _____ Account number: _____

Processed by: _____

Email this form to: unclaimedproperty@ho-chunk.com
P. O. Box 640 ~ Black River Falls, WI 54615
(715) 284.1660 ~ (800) 779.2873 ~ (715) 284.1597 FAX