

**IRREVOCABLE VOLUNTARY CONSENT  
FOR CLAIM AGAINST GENERAL WELFARE/PER CAPITA**

WHEREAS I, \_\_\_\_\_, am an enrolled Tribal Member of the Ho-Chunk Nation entitled to receipt of Per Capita and General Welfare Disbursements pursuant to the Nation's *Per Capita Distribution Ordinance* in Accordance with Section 11(b)(3) of the Indian Gaming Regulatory Act, 25 U.S.C. Section 2710(b)(3); and, the General Welfare Exclusion Act;

WHEREAS, the Ho-Chunk Nation has adopted the *Claims Against Per Capita Ordinance* for matters inclusive of debts owed to the Nations, at Sections 102(1a); and, to include amounts due to Department of Housing; and HHEDA and Environmental Health Utilities for purposes of mortgage/rental/water arrearages;

WHEREAS, I presently owe \$ \_\_\_\_\_ to \_\_\_\_\_

I AGREE that it is my personal obligation to repay the monies due the Nation;

I HEREBY CONSENT to the filing of an administrative Claim Against my next General Welfare or Per Capita Distributions starting on \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ and ending on \_\_\_\_\_, for a total of \$ \_\_\_\_\_.

I AGREE that I will not obtain any loans from the Nation which would affect the distributions being paid to \_\_\_\_\_ until this debt is paid in full.

ANY MONIES remaining in my per capita distribution after this and all other legitimate claims against my per capita distribution shall be mailed directly to me at the address I provide to the Enrollment Department.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
Tribal ID / Social Security Number

Signed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public, State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

\_\_\_\_\_

**\*\*\*\* Payroll Use Only \*\*\*\***

Charge to Account Number: \_\_\_\_\_