



HO-CHUNK NATION
DEPARTMENT OF HOUSING

RENTAL MANAGEMENT APPLICATION

I understand this application WILL EXPIRE ONE YEAR FROM THE DATE OF COMPLETE SUBMISSION. I understand I must submit a copy of my income verification and a copy of my Tribal ID.

Signature:

Date:

1. APPLICANT INFORMATION

APPLICANT'S NAME (INCLUDE 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: _____

Email address: _____

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

HO-CHUNK ENROLLMENT NUMBER: _____ AGE _____

PHONE NUMBER: _____

Date of Birth: _____ Social Security Number: _____

Email address: _____

Are you a Homeowner? _____ Yes _____ No

Are you a Ho-Chunk Veteran? _____ Yes _____ No

Have you ever received one of the following from the Homeownership Department?:

Down Payment Assistance _____

Homeownership Program (125,000.00) _____

Existing Mortgage Assistance _____

Elder Roof _____

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: _____

City

State

Zip code

E-mail address: _____

Phone number: _____

Previous Landlord: _____

Name

Mailing Address: _____

P.O. Box 170, Tomah, WI 54660

(608) 374-1225

Housing@ho-chunk.com

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

E-mail address: _____

Phone number: _____

Reference #2: _____

Name

Mailing Address: _____

Address

City

State

Zip code

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 _____ Green Bay _____

Milwaukee _____ Minneapolis _____

Wittenberg _____

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:
	Total income:

10. 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

11. AUTHORIZATION OF RELEASE OF INFORMATION

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



HO-CHUNK NATION
DEPARTMENT OF HOUSING

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.

Printed name of Applicant

Signature of Applicant

Social Security Number of Applicant

Date of Birth of Applicant

Date: _____

Printed name of Co-Applicant

Signature of Co-Applicant

Social Security Number of Co-Applicant

Date of Birth of Co-Applicant

Date: _____

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