

TRIBAL LOAN APPLICATION

APPLICANTS NAME

MAIDEN NAME

MAILING/ADDRESS

HO-CHUNK ENROLLMENT NUMBER

CITY ST. ZIP

HO-CHUNK NATION EMPLOYEE NUMBER

AMOUNT REQUESTING

DAY TIME PHONE NUMBER

EMAIL ADDRESS

***_**_
SOCIAL SECURITY NUMBER

I WOULD LIKE TO HAVE MY CHECK: Held for Pick-up or Mailed

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**COMPLETE ONLY IF EMPLOYED BY HO-CHUNK HOUSING AUTHORITY (HHCDA):**

The employee listed above has worked for the Ho-Chunk Housing Authority for six months continuous permanent status.

YES  NO

\_\_\_\_\_  
DEPARTMENT HIRE DATE

\_\_\_\_\_  
NAME OF SUPERVISOR WORK TELEPHONE FAX NUMBER

EMPLOYEE STATUS: FULL TIME  PART TIME

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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If you have an existing debt(s) with any of the following Ho-Chunk Nation programs, you MUST get approval signature before submitting this loan application. If the program denies the loan, you are ineligible for a loan. If you submit this loan application without prior approval, it will automatically be denied. If this does not apply to you, write N/A.

Homeownership Denial/Approval Signature/Date _____

DOH Home Repair Loans Denial/Approval Signature/Date _____

Housing Utilities Denial/Approval Signature/Date _____

HHCDA Denial/Approval Signature/Date _____

Comments _____

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The undersigned do hereby give the Ho-Chunk Nation permission to confirm all information I have submitted on this application. I understand that any false information may result in my being ineligible to receive a loan from the Ho-Chunk Nation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
MONTH/DATE/YEAR

PO Box 640; Black River Falls WI 54615  
(715) 284-1778 ~ (800) 779-1781 ~ Fax (715) 284-7887  
Email: TOB.Loans@ho-chunk.com

HO-CHUNK NATION  
PLEDGE AGREEMENT

I, \_\_\_\_\_ upon receipt of a loan from the Ho-Chunk  
(First, MI, Last Name)  
Nation, do hereby pledge as collateral any and all future Per-Capita Distributions should this loan  
or any other prior tribal loans become delinquent. I understand that by signing this Agreement I am  
giving permission to the Ho-Chunk Nation to withhold any and all amounts due to them, including  
any Tribal Membership Distributions, which exceeds the balance, will be returned to me.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

In the State of \_\_\_\_\_, County of \_\_\_\_\_ this document was  
signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Certificate of Notary Public  
(Seal)

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**HO-CHUNK NATION REPAYMENT AGREEMENT**

This agreement is entered into by and between the Ho-Chunk Nation of P.O. Box 640 Black River Falls, WI 54615, hereinafter known as the Nation, and

\_\_\_\_\_ of \_\_\_\_\_  
(First, MI, Last Name) (Mailing Address, City, State, Zip)  
pursuant to lawful action taken by the Finance Commission.

In consideration for the sum of \$ \_\_\_\_\_ made payable to \_\_\_\_\_  
(Amount of Loan) (First, MI, Last Name)  
the following terms are in force.

1) That \_\_\_\_\_ hereby agrees to pay to the Nation the sum of  
(First, MI, Last Name)  
\$ **50.00** a week, until said loan is paid in full. There will be no penalties for prepayment.

2) That \_\_\_\_\_ hereby agrees to pay interest on the loan to the  
(First, MI, Last Name)  
Nation at a simple interest rate of 10%, which will be added to the principal at the time the loan is processed.

3) That in the event that \_\_\_\_\_ fails to make payments of  
(First, MI, Last Name)  
\$ **50.00** a week, as agreed, the Nation shall have the option of calling all future payments that are due and owing, and the Nation may seek payment of the full amount of the outstanding balance.

4) That in the event that your employment with the Nation has ended, the Nation's payroll has the authority to withhold from your final paycheck all vacation hours up to \$1,000.00 dollars and any amount above minimum wage to be applied to the balance of your tribal loan.

\_\_\_\_\_  
SIGNATURE DATE

Social Security No \*\*\* - \*\* - \_\_\_\_\_

In the State of \_\_\_\_\_, County of \_\_\_\_\_ this document was signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Certificate of Notary Public  
(Seal)

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_