

Ho-Chunk Housing Community Development
P. O. Box 730, Tomah, WI 54660
608-374-1245 toll free 800-236-2260 Ext 8809

UTILITY GRANT PROGRAM APPLICATION
RESPONSE TO COVID-19

The information will be used by the Ho-Chunk Housing and Community Development Agency to determine your eligibility for a utility grant.

APPLICANT INFORMATION

Applicant Name:	Telephone:
Address:	Email address:
City & State:	Maiden Name:
County:	Tribal Affiliation:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Enrollment Number:

Are you unemployed? _____ Have your working hours been reduced? _____

Has your job been eliminated? _____ Has your income been reduced? _____

Indicate your current housing arrangements:

Do you currently own a home? _____ Are you an HHCDA tenant? _____

Do you rent? _____ Is heat included in rent? _____

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

Name	Relation to head of household	Age	Date of birth	Sex (M/F)	Social Security #	Enrollment #	Occupation
1.	Head of Household						
2.							
3.							
4.							

5.							
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ANNUAL HOUSEHOLD INCOME

Household Member	Source of Income	Gross Annual Income
	Wages & Tips	\$
	Per Capita	\$
	Retirement	\$
	Social Security	\$
	Disability	\$
	Other:	\$
Total Annual Gross Household Income		\$

List the names of utility providers – Tribal Member name must appear on the utility statement

1. _____
2. _____
3. _____

APPLICANT STATEMENTS:

I certify that all information given to Ho-Chunk Housing & Community Development Agency is accurate and complete to the best of my/our knowledge and belief. I understand that false information is punishable under law. I understand that false statements or information will make me ineligible for housing services.

Signature of Applicant **Date**

Signature of Co-Applicant **Date**

Fair Housing and Equal Opportunity

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-424-8590.

After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development of form HUD 50058 Family Report, a computer generated facsimile. See the Federal Privacy Act Statement for more information about its use.

FEDERAL PRIVACY ACT

The U.S. department of Housing and Urban Development (HUD) will be collecting information you gave to the Ho-Chunk Housing and Community Development Agency at application or reexamination. HUD will collect the information on Form HUD 50058. The data it will collect includes name, sex, birth date, Social Security Number (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicant and residents to give the HHCDA the SSN(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the HHCDA, the HC Housing and Community Development Agency is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and you do not give them to the HHCDA, the HC Housing and Community Development Agency is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended 42 U.S.C. et. Seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348,408 require applicants and residents to provide the other information listed in the first paragraph to the HC Housing and Community Development Agency. If you are an applicant and you fail to give the HHCDA this information, the HHCDA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the HC Housing and Community Development Agency this information the HHCDA may have to evict you or withdraw your housing assistance.

I have read and fully understand the Federal Privacy Act Statement:

Applicant Signature

Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, the undersigned, with this, authorize the Ho-Chunk Housing and Community Development Agency and their agents to obtain any information, necessary, to process the HUD housing application. 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 representative, 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 Housing and Community Development Agency and/or their agents.

I, 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.

This information requested 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, 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.

(Printed name of applicant)

(Signature of applicant)

(Date)

(SSN of applicant)

(Date of birth of applicant)

(Date)

So we can better process your application please be sure to include the following information:

- **Application – complete and signed**
- **Proof of homeowner – HCN member name must appear on the Warranty Deed or**
- **Proof of tenant status – HCN member name must appear on the lease**
- **Income verification for each adult family member– last three paycheck stubs, SSI statement, unemployment statement, pension etc. or copy of recent federal income tax return**
- **Copies of Social Security Cards**
- **Copies of utility statement(s) – electric, natural gas, and/or public water/sewer**
- **Copies of verification of tribal enrollment**
- **Signed Release of Information**
- **Signed Privacy Act Statement**

Only applications that have the above mentioned documents completed can be processed.

Please check each box and include this with your application packet.

Applicant Signature: _____ **Date:** _____
Annual Income Limits

2020 Annual Income Limits for Ho-Chunk Housing and Community Development Agency Low Income Programs								
	Size of Household							
	1 person	2 Persons	3 persons	4 Persons	5 persons	6 Persons	7 persons	8 persons
Extremely low income (30% or less of County □ Median Income	21,050	24,050	27,050	30,050	32,500	35,160	39,640	44,120
Very Low Income (50% or less of County Median Income)	35,050	40,050	45,050	50,050	54,100	58,100	62,100	66,100
Low Income (80% or less of County Median Income	54,950	62,800	70,650	78,500	84,800	91,100	97,350	103,650

For office use only:

Applications can be sent into HHCDA to the attention of Terri Schilke or sent to her email at Terri.shilke@ho-chunk.com

All required information included Yes___ No___