

HHCDA Response to COVID-19 Assistance Application, 2020 ICDBG IT Grant

Indicate your current financial and housing arrangements:

How long have you lived/rented in this home? _____

Has your income been reduced due to COVID 19? _____

Have you been laid off due to COVID 19? _____

Have you had your working hours reduced due to COVID 19? _____

I certify the above information is true and correct. My application for assistance is because of an immediate need for help at this time. I authorize the release to Ho-Chunk Housing & Community Development Agency for any and all information needed to complete and verify my application. I understand any misrepresentation or falsification of information will make me ineligible for program assistance and will result in paying the program back in full.

Applicants Signature: _____

Date: _____

Co-Applicants Signature: _____

Date: _____

Complete, sign, and return application with –

Tribal ID or CDIB

Income Verification for all household members 18 and over

For COVID 19 Rent Assistance –

Copy of Lease

Landlord Name _____

Address _____

City, state, and zip code _____

Phone number _____

Email Address _____

For COVID 19 Mortgage Assistance –

Copy of Warranty Deed – Tribal members name must be on the deed

Copy of mortgage payment coupon or copy of periodic monthly mortgage statement

For COVID 19 Elder Utility Assistance -

Copy of the full utility billing statement – Tribal Elders name must be on the statement

Please Note For the Elder Utility Assistance The applicant’s annual income must not exceed the moderate-income limits set by HUD. To qualify for this program the household income shall be equal to or under the 100% category. All household income must be reported (all adult household members) for eligibility with this program, not only the applicant’s income alone.

Size of Household	1 persons	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons
Max. Income	\$70,100	\$80,100	\$90,100	\$101,100	\$108,150	\$116,150	\$124,150

Applications are to be returned completed to HHCDA.

Email to : HHCDAtenantservices@ho-chunk.com

FAX: 608-374-1251 OR 608-374-1270

Mail to: P.O. Box 730 Tomah, WI 54660

Hand deliver to : 1112 East Monowau St. Tomah, WI 54660

Applications can also be submitted through www.HHCDA.com

Questions can be directed to HHCDA at 800-236-2260 or 608-374-1245 ask for the Covid-19 Programs Coordinator

Please be aware that only the applicant and co-applicant will be able to call in or check on the status of the application.