

**RESPONSE TO COVID-19 HEATING ASSISTANCE**

Ho-Chunk Housing & Community Development Agency  
P. O. Box 730, Tomah, WI 54660  
608-374-1245

**HEATING ASSISTANCE PROGRAM APPLICATION  
American Rescue Plan – Indian Housing Block Grant  
US Dept. of Housing & Urban Development**

**Household Income Limits Do Apply -**

Household	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons
Max Income 80%	55,950	63,950	71,950	79,900	86,300	92,700	99,100

The information will be used by the Ho-Chunk Housing & Community Development Agency (HHCDA) to determine your eligibility for a utility grant. **All applications must be filled out completely for processing to begin.**

**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribal Enrollment No: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_ District: \_\_\_\_\_

Email address: \_\_\_\_\_

**General Information**

Are you an enrolled member of the Ho-Chunk Nation? \_\_\_\_\_

If no, are you a Native American enrolled in a federally recognized tribe? \_\_\_\_\_

Household size (total number of adults and minors): \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_

Are you an HHCDA Tenant? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

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**Household Composition**

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

Name	Relation to head of household	Age	Date of Birth	Sex (M/F)	Last four Digits SSN #	Enrollment #	Occupation
1.	Head of Household						
2.							
3.							
4.							
5.							

**Annual Household Income**

Household Member	Source of Income	Gross Monthly Income
	Wages & Tips	
	Retirement/Pension	
	Social Security	
	Disability	
	Child Support	
	Unemployment	
	Other:	
Total Monthly Income	X 12 months = Annual Income	

Please note Ho-Chunk Nation COVID relief payments of HELP, TESS, and Legacy are not considered income. Applicant MUST submit a wage statement, interest statement, Social Security benefit statement, unemployment compensation statement or a copy of Form 1040 tax return as filed with the IRS for the household for 2020 or 2021 (most recent year).

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**Financial Hardship**

Have one or more individuals in your household experienced any of the following financial hardship due directly or indirectly to the COVID-19 pandemic? (Check all that apply)

- A reduction in household income?
- Loss of employment/temporary layoff/ or furlough?
- Reduction in hours/pay?
- Unable to work or experiencing financial hardship due to no child care/school.
- Underlying medical condition requiring staying home to prevent exposure.
- Loss of self-employment/business income
- Over the age of 50 and enduring increased costs because of the COVID 19 pandemic
- Disabled and enduring increased costs because of the COVID-19 pandemic
- Incurred significant costs (hospital bills, medication cost, etc.)
- Other financial hardship; list: \_\_\_\_\_

**Heating Utility Provider**

**This is one-time assistance with a maximum payment of \$700**

What type of heating do you use? Please circle one.

Electric / Natural Gas / LP-Liquid Propane / Fuel Oil

Utility provider: \_\_\_\_\_ Account number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ State: \_\_\_\_\_

Please provide a full copy of your current heating bill. Tribal members name must be listed on the billing statement.

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**Attestation Applicant Acknowledgement**

TO THE APPLICANT: By signing this Form, you are certifying that you have not received funding or benefit for utility assistance from local governments, the State, non-profit organizations, faith-based organizations, or friends and family for the same month for which you are applying for the Heating Assistance Utility Grant.

If you have received such, utility assistance funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

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By my signature below, I certify that all the foregoing information and attached documentation is true and correct to the best of my knowledge. All information in this application, and all information furnished in support of this application, is given for purpose of obtaining funding under Ho-Chunk Housing & Community Development Agency (HHCDA) Heating Assistance Program.

I understand that 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entries, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both. I/we further understand that any willful misstatement of information will be grounds for disqualification from the HHCDA Heating Assistance Program.

I certify that the application information provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Co-applicant

\_\_\_\_\_  
Date

**Response to COVID-19**

**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 the Housing Agency, the information will be submitted to the Department of Housing and Urban Development of Form 50058 Family Report, or 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 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 this information.

HUD will use this 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 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 HHCDCA 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 HHCDCA, the Ho-Chunk 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 HHCDCA, the Ho-Chunk 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 Ho-Chunk Housing & Community Development Agency. If you are an applicant and you fail to give the HHCDCA this information, the HHCDCA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Ho-Chunk Housing & Community Development Agency this information the HHCDCA may have to evict you or withdraw your housing assistance.

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

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Applicant Signature

Date

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Co-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 representatives, law enforcement agencies, financial institutions and current and prior landlords. This list is nor 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 enforcements 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 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

\_\_\_\_\_  
(Printed name of Co-applicant)

\_\_\_\_\_  
Signature of Co-applicant    Date

\_\_\_\_\_  
SSN of Co-Applicant

\_\_\_\_\_  
Date of Birth

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**Attach a copy of the full heating billing statement – Tribal members name must be on the statement**

**Attach all income documentation for the applicant and every adult member of the household**

**Attach a copy of your Tribal ID (can be expired), CDIB, or per cap statement**

Please note to qualify for the Heating Assistance Program the household annual income must not exceed the low-income limits set by HUD. To qualify for this program the household income shall be equal to or under the 80% 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 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons
Max Income 80%	55,950	63,950	71,950	79,900	86,300	92,700	99,100

Applications are to be returned to HHCD. Only completed applications can be processed.

Email to: [covid19chaps@ho-chunk.com](mailto:covid19chaps@ho-chunk.com)

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

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

Hand deliver to: 1102 East Monowau St, Tomah, WI 54660

Questions can be directed to HHCD 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 the status of the application.