



## APPLICATION PROCESS

Applicants must complete the entire rental application and provide the following documents in order to be processed and establish eligibility:

- ▶ Submit a **complete** rental application, **sign and date** in appropriate areas and include all items below
- ▶ Submit Income Verification for all household members over the age of 18.
- ▶ Submit copy of Tribal Identification Card and/or Certificate Degree of Indian Blood (CDIB).
- ▶ Submit a copy of Social Security Cards for **all** family members in the household.
- ▶ Everyone over 18 years of age must sign and date all Federal and HUD Forms.
- Upon receipt of a complete application, all applicants will be screened for desirability. Eligible applicants will be placed on a Wait List for the area they selected.
- In order to remain on the Wait List, it is the sole responsibility of the applicant to update their application on an annual (12 month) basis and send in updated income verification and a Statement of Continued Interest form to the HHCDA Admissions office every six (6) months.

**\*\*Incomplete rental applications will NOT be processed\*\***

**Please note:**

To qualify for Ho-Chunk Housing & Community Development Agency Rental Low Income Housing, you **must not** have a balance due to Ho-Chunk Housing & Community Development Agency or the Ho-Chunk Nation Department of Housing.

**For Confidentiality Reasons:**

Ho-Chunk Housing & Community Development Agency will not provide any information to anyone other than the Applicant and/or Head of Household.

**As required by Section 208 of NAHASDA:**

Information regarding criminal conviction shall be requested by Tribally Designated Housing Entity (TDHE) for purposes of applicant screening, lease enforcement and eviction



## WHAT WE LOOK FOR IN BACKGROUND CHECKS

### BACKGROUNDS CHECKS SHOWING THE FOLLOWING ARE **PERMANENTLY** INELIGIBLE:

- **Violent Crimes – including but not limited to:**
  - Murder
  - Crimes against Children
  - Sexual Crimes
  - Assault with Deadly Weapons
- **Drug Crimes – including but not limited to:**
  - Methamphetamine production, manufacture or distribution
  - Sale, use, distribution, manufacture of controlled substances
  - Sale or delivery, or intent to sell or deliver, or furnish controlled substances
  - Sale or delivery, intent to sell or deliver, or furnish drugs to minors
- **Misrepresentation- including but not limited to:**
  - Falsifying any part of your application or related documents, or not using the dwelling as the primary residence

### BACKGROUND CHECKS SHOWING THE FOLLOWING MAY ALSO BE INELIGIBLE:

- **Prior Eviction or Abandonment**
- **Minor drug related offenses**
- **Alcohol related offenses**
- **Debt Obligations to HHCDA or HCN Department of Housing**
- **Violent Behaviors – including but not limited to:**
  - Battery
  - Domestic abuse or Disturbance
  - Civil Domestic Violence
  - Resisting Arrest/Resist Officer
  - Disorderly Conduct
  - Violation of Restraining Order
- **Criminal Activity – including but not limited to:**
  - Destruction of Property
  - Damage to Property
  - Theft/Burglary
  - Gang Activity
- **Habitual Criminality**

**U.S. DEPARTMENT OF HOUSING AND URBAN  
DEVELOPMENT (HUD)**

***2021 ANNUAL INCOME LIMITS:  
For Madison / Dane County and  
for Ho-Chunk Housing and Community Development Agency's  
Low Income Programs***

Income Category	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 HHCDA NAHASDA Median Income)	21,700	24,800	27,900	30,950	33,450	35,950	40,120	44,660
Very Low Income (50% or less of HHCDA NAHASDA Median Income)	36,100	41,250	46,400	51,550	55,700	59,800	63,950	68,050
<b>Low Income</b> (80% or less of HHCDA NAHASDA Median Income)	<b>55,950</b>	<b>63,950</b>	<b>71,950</b>	<b>79,900</b>	<b>86,300</b>	<b>92,700</b>	<b>99,100</b>	<b>105,500</b>
Moderate Income (100% or less of HHCDA NAHASDA Median Income)	72,100	82,480	92,790	103,100	111,340	119,590	127,850	136,100

**HO-CHUNK HOUSING & COMMUNITY DEV. AGENCY**

**For Office Use Only**

P.O. BOX 730

Date: \_\_\_\_\_

By: \_\_\_\_\_

TOMAH, WI 54660

Time: \_\_\_\_\_

Family size: \_\_\_\_\_

608-374-1245 1800-236-2260 Fax: 608-374-1270

Unit size: \_\_\_\_\_

Bedrooms: \_\_\_\_\_

**I. Applicant Information**

Applicant SSN \_\_\_\_\_

Maiden Name \_\_\_\_\_

Applicant Name \_\_\_\_\_

Tribal ID # \_\_\_\_\_

Street Address \_\_\_\_\_

**Accessibility Features Requested:**

City, State, Zip \_\_\_\_\_

Vision \_\_\_\_\_

E-mail Address \_\_\_\_\_

Hearing \_\_\_\_\_

Cell Telephone \_\_\_\_\_

Physical \_\_\_\_\_

Work Telephone \_\_\_\_\_

Wheelchair \_\_\_\_\_

Household Size: \_\_\_\_\_

Pets:  Cat  Dog  Other

Comments: \_\_\_\_\_

Marital Status  Single  Married  Separated  Divorced  Widowed/Widower

**Preferred Location CHOOSE ONLY ONE OPTION**

**Low Income >**  Dells;  BRF;  Tomah;  Madison;  Nekoosa;  Ona/WS;  Witt

**D3 (Flat Rent) >**  D3 IH;  D3 CHC;  D3 Tip;  D3 GB;  D3 Witt;  D3 Mil;  D3 MN

Is your mailing address the same as your current address?  Yes  No If no, please list below

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Current Living Information**

Lived in this location since \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Rent \_\_\_\_\_

**Reason for Moving**

About to be, or currently without housing  Other (Please list) \_\_\_\_\_

**Current Landlord**

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Current Utility Information**

City, State

Telephone Number

Gas Co. Name \_\_\_\_\_ Acct # \_\_\_\_\_

Electric Co. Name \_\_\_\_\_ Acct # \_\_\_\_\_

Water Co. Name \_\_\_\_\_ Acct # \_\_\_\_\_

**II. Previous Information**

**Previous Address**

Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Lived there from \_\_\_\_\_ To \_\_\_\_\_ Number of bedrooms \_\_\_\_\_ Rent \_\_\_\_\_

**Previous Landlord**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Previously lived in Hud Housing  Yes  No \_\_\_\_\_

**III. Program Integrity**

**We perform background checks on all applicants and household members 18 years of age and over**

Applicant Full Name \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
Have you ever been convicted of a Misdemeanor?  Yes  No  
Have you ever been convicted of a Tribal / City / State offense?  Yes  No

If you have used or are otherwise known by another name, list all such names below. Include Nickname(s), alias(es) and Maiden Name

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Co - Applicant /Other Adult Full Name \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
Have you ever been convicted of a Misdemeanor?  Yes  No  
Have you ever been convicted of a Tribal / City / State offense?  Yes  No

If you have used or are otherwise known by another name, list all such names below. Include Nickname(s), alias(es) and Maiden Name

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

I Certify that all information given here is true and complete to the best of my knowledge. I authorize investigation of statements contained in this application as may be necessary in determining a housing rental decision. I further understand that any false or misleading information given on this application will be cause for denial or eviction. All information derived pursuant to the applicant background investigation is confidential and will not be released to anyone.

**Applicant/HOH Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Co-Applicant/Other Adult Signature \_\_\_\_\_ **Date** \_\_\_\_\_

### IV. Family Composition Information

**Include EVERYONE who will live in the unit**

	Name	SSN	Student	Relationship to Head	Date of Birth
Head					
2					
3					
4					
5					
6					
7					

**\*\*\*\*Must attach Social Security card for every household member**

	Birth Place	Sex	Race					Ethnicity	Eligibility				Alien	Handicap
	M/F		1	2	3	4	5	Hispanic?	EC	EN	IN	PV	Registration	
Head														
2														
3														
4														
5														
6														
7														

Eligibility Codes:	Race Codes:
EC = Eligible Citizen	1 = White
EN = Eligible Noncitizen	2 = Black / African American
IN = Ineligible Noncitizen	3 = American Indian / Alaska Native
PV = Eligibility Pending	4 = Asian
	5 = Native Hawaiian/Other Pacific Islander

### V. Employment/Income Information

**Enter each type of income that any household member will have in the next year.**

Income Type Codes:			
P = Pension	S = SSI	G = General Assistance	I = Indian Trust/Per Capita
B = Own Business	F = Federal Wages	W = Other Wages	N = Other Non-wage Source
SS = Social Security	T = TANF	C = Child Support	E = Medical Reimbursement
M = Military Pay	HA = PHA Wages	U = Unemployment Benefits	IW = Annual Imputed Welfare Income

Family member _____	Source/Company _____
Income Type _____	Address _____
Start Date _____	City, State, Zip _____
Income \$ _____	Position _____
How long _____	
Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	

Family member _____	Source/Company _____
Income Type _____	Address _____
Start Date _____	City, State, Zip _____
Income \$ _____	Position _____
How long _____	
Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	

Family member _____	Source/Company _____
Income Type _____	Address _____
Start Date _____ How long _____	City, State, Zip _____
Income Amount _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Position _____

**VI. References**

**Enter references that can be contacted to determine housing suitability (No Relatives or Immediate Family)**

**Character References**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Credit Reference**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Account # \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_

**VII. Certification of Information**

**WARNING! Title 189, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.**

**I understand that any misrepresentation of information or failure to disclose information in this application may disqualify me from consideration for admission or participation, now or in the future**

**I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.**

Print Legal Name \_\_\_\_\_

Print Legal Name \_\_\_\_\_

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

Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_

Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only							
Offers/Vouchers							
Unit	Waiting List	Bedrooms	ID	Date offered	Response	Response Date/Time	Initials

For Office Use Only				
Waiting List Applied For	App #	App Date and Time	Beds Applied	Wait List Approval Date





## FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Ho-Chunk Housing & Community Development Agency (HHEDA) at application or reexamination. HUD will collect the information on Form HUD 50058. The data it will collect include 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 you about this. We also are required to tell you what HUD will do with the information.

HUD may 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 applicants and residents to give the Ho-Chunk Housing & Community Development Agency 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 HHEDA, HHEDA 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 HHEDA, HHEDA is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended 42 U.S.C. 1437 et. Seq., and the Housing and Community Development Act of 1987, P.L. 97 – 35, 85 stat., 348, 408 require applicants and residents to provide the other information listed in the first paragraph to HHEDA

If you are an applicant and you fail to give HHEDA this information, HHEDA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give HHEDA the required information, HHEDA may have to evict your family or withdraw your housing assistance.

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

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Applicant

\_\_\_\_\_  
Date





## AUTHORIZATION FOR RELEASE OF INFORMATION

I/we, the undersigned, with this, authorize the HO-CHUNK HOUSING & COMMUNITY DEVELOPMENT AGENCY (HHCDA) and their agents to obtain any information necessary to process the HUD my/our HHCDA Rental Application.

This information may be obtained from the following sources: any programs of the Ho-Chunk Nation, any Federal, State and Local governments and any of their agencies and representatives, law enforcement agencies, financial institutions as well as current and prior Landlords. This list is not all-inclusive and may include any additional agency, government or private source as deemed necessary by HHCDA and/or their agents.

I/We, the undersigned, with this, release HHCDA and/or their agents any requested information from the following agencies: federal, state and local government law enforcement agencies, financial institutions and current and prior Landlords.

The information requested maybe given by fax, telephone, email or in writing in person or through postal mail. This release is valid for one year from the date of the applicant's signature. This release is valid if photo-copied and does not have to have an original signature.

**I/we, have read the terms and conditions of this 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

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
S.S.N. OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
S.S.N. OF APPLICANT

\_\_\_\_\_  
DATE

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)