



**APPLICATION FOR DOWN PAYMENT
ASSISTANCE PROGRAM**

Section 5 Applicant Information

Applicant Name:	Phone #:
Address:	Social Security Number:
City & State:	Maiden Name:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Tribal Affiliation: Enrollment Number:
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you between 55-59 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 60 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No

Co-Applicant Name:	Phone:
Address:	Social Security Number:
City & State:	Maiden Name:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Tribal Affiliation: Enrollment Number:
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you between 55-59 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 60 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

You must provide copies of Social Security Cards for each family member as six (6) and older.

Name	Relationship to You	Age	DOB	Sex (M/F)	SS#	Enrollment #	Occupation
	HEAD						

Do you own your own home? Yes No

Is your home a mobile home? Yes No

Is this home in such a state of dilapidation it has minimal or no financial value?

Yes No

Have you received Down Payment Assistance from the Ho-Chunk Nation in the past?

Yes No

If yes, please list the date and amount of assistance. _____

Have you ever rented or received assistance from a Public or Indian Housing Authority before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, where? Agency Name:	City:	State:	ZIP:
Dates you rented or received assistance?			

Section 6 Household Employment Information

Applicant:	Co-Applicant:
Business Name:	Business Name:
Address:	Address:
City & State:	City & State:
Phone:	Phone:
Years on this Job:	Years on this Job:
Job Title: [] Self Employed	Job Title: [] Self Employed

Section 7 Household Monthly Income and Current Housing Expense

Monthly Income:	Applicant	Co-Applicant	Totals	Housing Exp:	Per Month
Wages & Tips	\$	\$	\$	Rent	\$
Per Capita	\$	\$	\$	Mortgage Payment	\$
Social Security	\$	\$	\$	Property Taxes	\$
Disability	\$	\$	\$	Home/Renters Insurance	\$
Other: Please Specify	\$	\$	\$	Other: Please Specify	\$
Total	\$	\$	\$	Total	\$

Section 8 Assets & Liabilities

This section is to be completed by both married and unmarried co-applicants. If assets such as bank accounts are held jointly, please indicate.

Applicant:

Co-Applicant

List Checking & Savings Acct. Below	Cash or Market Value	List Checking & Savings Acct. Below	Cash or Market Value
Name & Address of Bank or Credit Union:	[] Checking [] Saving \$	Name & Address of Bank or Credit Union:	[] Checking [] Saving \$
Name & Address of Bank or Credit Union:	[] Checking [] Saving \$	Name & Address of Bank or Credit Union:	[] Checking [] Saving \$
Real Estate Owned (Enter Market Value)	\$	Real Estate Owned (Enter Market Value)	\$
Automobiles Owned List Make & Year	\$	Automobiles Owned List Make & Year	\$

Please include automobile loans, credit cards companies, real estate loans, and child support payments.

Applicant:

Co-Applicant:

Liabilities	Monthly Payment	Unpaid Balance	Liabilities	Monthly Payment	Unpaid Balance
Name & Address of Company	\$	\$	Name & Address of Company	\$	\$
Name & Address of Company	\$	\$	Name & Address of Company	\$	\$
Name & Address of Company	\$	\$	Name & Address of Company	\$	\$
Name & Address of Company	\$	\$	Name & Address of Company	\$	\$

Section 9 Down Payment Assistance

Applicant(s) Statement:

I/We certify that the information given to Ho-Chunk Housing and Community Development Agency on household composition, income, allowance and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false information is punishable under Federal law. I/We understand that false statement or information will make me ineligible for housing services.

Signature of Head of Household Date

Signature of Spouse/Co-applicant Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 4245-8590.

Office Use Only:	Received by:
Date Received:	Processing Date:
End Processing Date:	Approval Date:
Reason(s) denied:	