

# HHEDA Response to COVID-19 Assistance Application, 2022 ICDBG ARP Grant

PLEASE CHECK TYPE OF ASSISTANCE YOUR ARE REQUESTING						
UTILITY ASSISTANCE		RENTAL ASSISTANCE			MORTGAGE ASSISTANCE	
\$700		\$2,100			\$3,600	
Applicant Name:		Date of Birth	Elder Y / N	Social Security #	Enrollment #	
Mailing Address				Physical Address		
County	# of Dependents in Household			# of Adults in Household		
Phone Number				Email Address		
Name of Employer			Length of Employment		Part-Time	Full-Time
			Yr:	Mo:		
LIST ALL MEMBERS OF HOUSEHOLD			Date of Birth	Social Security #	Enrollment #	
Last Name	First	Maiden				
<b>Gross Income for each member of household</b>						
Wages	Applicant (prior to COVID) Weekly/Monthly	Applicant (Current) Weekly/Monthly	Spouse/Partner (prior to COVID) Weekly/Monthly	Spouse/Partner (Current) Weekly/Monthly	Adult Child (prior to COVID) Weekly/Monthly	Adult Child (current) Weekly/Monthly
Social Security/SSI Disability						
Unemployment/VA Benefits						
Workman's Comp/W2						
Per Capita						
Child Support						
Other:						
Total Monthly Household Income:						

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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? \_\_\_\_\_

Experiencing hardship due to no child care/school? \_\_\_\_\_

Enduring increased costs because of the COVID-19 pandemic? \_\_\_\_\_

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

Copy of Lease

Full Utility Billing Statement

Income Verification for all household members 18 and over

## **For COVID 19 Rent Assistance –**

### **Attach a copy of your lease**

Landlord Name \_\_\_\_\_

Address \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Phone number \_\_\_\_\_

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

## For COVID 19 Utility Assistance -

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

**Please Note for ICDBG IT Rent & Utility Assistance** The applicant’s 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 Persons	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons
Max. Income	\$62,600	\$71,550	\$80,500	\$89,400	\$96,600	\$103,750	\$110,900

## 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

Mortgage assistance is available for low-income families

Tribal ID or CDIB

Income for all adult members of household

Assistance is available on a first-come first-serve basis and until all funds have been spent.

Applications are to be returned completed to HHCDA.

Email to: [Covid19chaps@ho-chunk.com](mailto:Covid19chaps@ho-chunk.com)

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

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

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

Applications can also be submitted online through [www.HHCDA.com](http://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.