

HHCDA Response to COVID-19 Assistance Application, 2022 IHBG ARP

PLEASE CHECK TYPE OF ASSISTANCE YOUR ARE REQUESTING
Housing Stability – First Month Rent/Deposit

PLEASE CHECK TYPE OF ASSISTANCE YOUR ARE REQUESTING						
Housing Stability – First Month Rent/Deposit						
FIRST MONTH RENT		SECURITY DEPOSIT			OTHER DEPOSIT	
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				
Gross Income for each member of household						
Gross Income for each member of household	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
Wages						
Social Security/SSI Disability						
Unemployment/VA Benefits						
Workman's Comp/W2						
Per Capita						
Child Support						
Other:						
Total Monthly Household Income:						

HHCDA Response to COVID-19 Assistance Application, 2022 IHBG ARP

Please indicate your financial hardship experienced during 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 childcare/school
- Underlying medical condition requiring stay at home to prevent exposure
- Loss of employment/business income
- Over the age of 50 and enduring increased costs because of COVID-19 Pandemic
- Disabled and enduring increased costs due to the COVID-19 Pandemic
- Loss of income/work due to COVID-19 diagnosis/exposure and missed work
- Other financial hardship; list: _____

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 –

1. Tribal ID or CDIB
2. Income Verification for all household members 18 and over
3. Copy of Lease – must be new renter

Incomplete applications cannot be processed

For COVID 19 First Month Rent & Security Deposit–

Landlord Name _____

Address _____

City, state, and zip code _____

Phone number _____

Email Address _____

This assistance is for securing a new lease and not for renewing an existing lease. Payment will be made to the landlord for actual cost of first month rent and actual cost of security deposit(s) not to exceed \$2,000 total assistance.

HHCDA Response to COVID-19 Assistance Application, 2022 IHBG ARP

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/we, 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 representative, law enforcement agencies, financial institutions and current and prior landlords. This list is not 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/we, 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 enforcement 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 to have an original signature.

I/we, 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 of applicant)

(Print name of co-applicant)

(Signature of co-applicant)

(Date)

(SSN of co-applicant)

(Date of birth of co-applicant)

Response to COVID-19 – 2022 IHBG ARP

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:

Applicant Signature

Date

Co-applicant Signature

Date

HHCDA Response to COVID-19 Assistance Application, 2022 IHBG ARP

This assistance is for securing a new lease and not for renewing an existing lease. Payment will be made to the landlord for actual cost of first month rent and actual cost of security deposit(s) not exceed \$2,000 total assistance.

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

Please Note for First Month Rent & Security Deposit 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

Applications are to be returned completed to HHCDA.

Email to: 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

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.