

HO-CHUNK HOUSING COMMUNITY DEVELOPMENT AGENCY

HCN Response to COVID-19 Heating Assistance Application 2022				
Applicant Name:	Date of Birth	Elder YES No	HCNDistrict	Enrollment (last four numbers)
Mailing Address	Physical Address			
County	# of Dependents in Household	# of Adults in Household		
Phone Number	Email Address			
Are you currently disconnected from your heating utility or electric service? YES NO	Have you received a disconnection notice for heat or electricity? YES NO			
LIST ALL MEMBERS OF HOUSEHOLD		Date of Birth	Enrollment numbers of HCN Tribal members living in the home	
Last Name	First			

Utility company name (s) you would like to be paid, (heating or electric):

Heating Company Name:
 Your Account Number:
 Dollar Amount you want on
 the Heating Bill:

Electric Company Name:
 Your Account Number:
 Dollar amount you want on
 the electric bill:

HCN Response to COVID-19 Heating Assistance Program Application 2022

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.

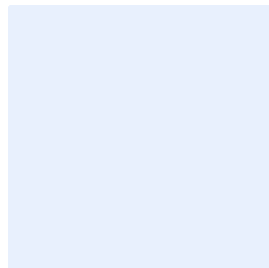
Applicants Signature:

Date:

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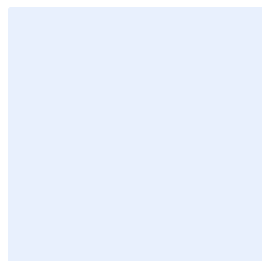
For Your application to be complete, please take a picture or scan a copy of your tribal ID, or Ho-Chunk Nation proof of membership. Your Ho-Chunk Nation ID can be an ID that is expired. Attach your proof of membership when submitting this application. You may also upload a picture of your ID below.

Tribal ID or CDIB



For Your application to be complete, please take a picture or scan a copy of your heating or electric bill, that you would like to be paid. Please provide the most recent bill. Attach your bill(s) when submitting this application. Account numbers should be clearly visible. You may also upload a picture of your ID below.

Full Utility Billing Statement



Please submit disconnection notice, If applicable

Only completed applications will be processed

For COVID 19 Heating Assistance –

Copy of the full utility billing statement – LP (propane) gas, fuel oil, electric, or natural gas. Tribal members address must appear on the statement

Copy of Tribal ID or CDIB

Assistance is available on a first-come first-serve basis and until all funds have been spent. Priority will be given to families who have their utility disconnected.

Applications are to be returned completed to HHCD. A.

Email to: Covid19chaps@ho-chunk.com

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

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

Hand deliver to: 1116 East Monowau St. Tomah, WI 54660

Applications can also be submitted online through the website www.HHCD. A. com

Questions can be directed to HHCD. A. at 608-374-1245 ask for the Covid-19 Programs Specialist

Please be aware that only the applicant and co-applicant will be able to call in or check on the status of the application.

Assistance is allowed once per household/tribal member. This program will end when all funds are expended.