PURPOSE:
In response to the Covid-19 Virus of 2020 and the declared state of Emergency, the Ho-Chunk Housing & Community Development Agency ("Agency") will offer one-time Mortgage Relief to eligible households. The program assists low-income AIAN household with their Mortgage as specified in the Indian Housing Plan. HHCDA has applied for and received CARES Act funds through the Department of Housing and Urban Development (HUD) for Mortgage Relief Program that targets AIAN households, this assistance is in response to the COVID-19 For FY 2020.

SECTION 1: APPLICANTS ELIGIBILITY REQUIREMENTS

1. This Program is funded by the United States Department of Housing and Urban Development and in compliance with applicable federal requirements must be adhered to.

2. Head of household must be 18 years of age or older.

3. The applicant’s annual income must not exceed the Low-income limits set by HUD. The last page of this application has an income eligibility chart, to qualify for this program the household income shall be equal to or under the 80% low-income category. All household income must be reported for eligibility with this program, not only the applicant’s income alone.

4. The Ho-Chunk Housing and Community Development Agency service area covers all districts of the Ho-Chunk Nation.

5. The applicant must be an enrolled member of a federally recognized tribe.

6. Preference will be given to Ho-Chunk enrolled Tribal members.
SECTION 2: APPLICATION PROCESS

The applicant must submit the following information:

1. Mortgage Assistance Application must be filled out completely and returned to Ho-Chunk Housing and Community Development Agency prior to determination made regarding application denial or approval.

2. Income verification.

3. Copy of Tribal Identification.

4. The applicant must provide a copy of their monthly periodic mortgage statement or coupon from their coupon book with the Mortgage Assistance Application.

5. Name, address, and phone number of applicant’s mortgage servicer.

6. Total funds allocated for this program are limited. Funds will be granted on a first-come first-serve basis for eligible applicants. Preferences are granted to enrolled Ho-Chunk Nation tribal members.

7. A written decision will be mailed to the applicant within ten (10) working days.

SECTION 3: SELECTION CRITERIA

In selecting applicants, it shall be the policy of the Mortgage Assistance Program to make selections as outlined below:

1. **Ranking Preference:** Ho-Chunk enrolled tribal members, Elite Elders, Elders, Veterans, Handicapped individuals, Families, Single applicants.

2. **Local Preference:** Ho-Chunk Enrolled and then other Native American Tribal Enrolled Members.

SECTION 4: TERMS AND CONDITIONS

1. The grant is a one month mortgage payment not to exceed $700 and will be one time mortgage assistance. This assistance can only be made on the applicants’ primary residence, and not business related property, vacant land, building under construction, rental or vacation property.
RESPONSE TO COVID-19, ASSISTANCE POLICY

2. The grant monies will be released to the mortgage servicer. The mortgage servicer must submit to HHICDA a completed W9, tax payer ID form, before HHICDA can submit a mortgage payment.

3. The applicant may apply for the Mortgage Assistance Program once during the Covid-19 Virus Crisis.

4. Only one application can be submitted per household.

5. Payments will not be made to any individuals.

SECTION 5: DEFINITION OF TERMS

1. **Mortgage servicer:** Handles the payment processing and is the company that sends the monthly statements to the borrower.

2. **Mortgage Lender:** The bank or financial company that lends money to borrowers to purchase the home. A mortgage lender or bank can be both the loan provider and the servicer of the mortgage.

3. **Elderly:** Person(s) who are at least sixty (60) years of age or older.

4. **Elite Elder:** Specifically Ho-Chunk Elders seventy (70) years of age and older.

5. **Handicapped:** Person(s) having a physical or mental impairment that (a) is expected to be of long-continued and indefinite duration, (b) substantially impedes his or her ability to live independently, and (c) is of such a nature that such ability could be improved by more suitable housing conditions.

6. **Household:** A group of one or more persons who have a stable family type relationship (including members who are temporarily absent) and whose income and resources are available for use in meeting the living expenses of the group.

*Please note:* If you want to know whether a mortgage serving company is involved in your mortgage, check the top of your statement or payment coupons for the return address of the company. If the address is not for the bank that originally gave you the loan, it's likely the loan is being processed by a service company.
MORTGAGE ASSISTANCE PROGRAM
RESPONSE TO COVID-19

The information will be used by the Ho-Chunk Housing and Community Development Agency to determine your eligibility for the Mortgage Assistance Program.

<table>
<thead>
<tr>
<th>APPLICANT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Email address:</td>
</tr>
<tr>
<td>City &amp; State:</td>
</tr>
<tr>
<td>Maiden Name:</td>
</tr>
<tr>
<td>County:</td>
</tr>
<tr>
<td>Tribal Affiliation:</td>
</tr>
<tr>
<td>Enrollment Number:</td>
</tr>
</tbody>
</table>

Indicate your current housing arrangements:

How long have you lived in this home? __________
Are property taxes and insurance included in mortgage payment? __________

Has your income been reduced? __________
Have you been laid off or had your working hours reduced? __________

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation to head of household</th>
<th>Age</th>
<th>Date of birth</th>
<th>Sex (M/F)</th>
<th>Social Security #</th>
<th>Enrollment #</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Head of Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
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<td></td>
</tr>
</tbody>
</table>

Applications can be sent into HHCDA to the attention of Terri Schilke or sent to her email at Terri.schilke@ho-chunk.com
## ANNUAL HOUSEHOLD INCOME

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Source of Income</th>
<th>Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wages &amp; Tips</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Per Capita</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Retirement/Pension</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Social Security</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Disability</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Unemployment</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

**Total Annual Gross Household Income** $

## APPLICANT STATEMENTS:

I certify that all information given to Ho-Chunk Housing & Community Development Agency is accurate and complete to the best of my/our knowledge and belief. I understand that false information is punishable under law. I understand that false statements or information will make me ineligible for housing services.

**Signature of Applicant**  
**Date**

**Signature of Co-Applicant**  
**Date**

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**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 this Housing Agency, the information will be submitted to the Department of Housing and Urban Development of form HUD 50058 Family Report, 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 HUD 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 the information.

HUD will 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 applicant and residents to give the HHCDA 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 HHCDA, the HC 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 HHCDA, the HC 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 HC Housing and Community Development Agency. If you are an applicant and you fail to give the HHCDA this information, the HHCDA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the HC Housing and Community Development Agency this information the HHCDA 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 ________________
AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, 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, 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, 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)  (Date)

(Printed name of co-applicant)  (Signature of co-applicant)  (Date)

(SSN of co-applicant)  

(Date of birth of co-applicant)  (Date)
Applicant:

So we can better process your application please be sure to include the following information:

- Application – complete and signed
- Proof of homeownership – HCN member name must appear on the Warranty Deed
- Copy of Periodic (monthly) Mortgage Statement or payment coupon.
- Income verification for each adult family member– last three paycheck stubs, SSI statement, unemployment statement, pension etc. or copy of 2019 federal income tax return
- Copy of verification of tribal enrollment & copy of social security card
- Signed Release of Information
- Signed Privacy Act Statement

Only applications that have the above mentioned documents completed can be processed.

Please check each box and include this with your application packet.

Applicant Signature:_________________________ Date:______________

Annual Income Limits

<table>
<thead>
<tr>
<th>2020 Annual Income Limits for</th>
<th>Ho-Chunk Housing and Community Development Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income Programs</td>
<td>Size of Household</td>
</tr>
<tr>
<td></td>
<td>1 person</td>
</tr>
<tr>
<td>Extremely low income</td>
<td></td>
</tr>
<tr>
<td>(30% or less of County Median</td>
<td>21,050</td>
</tr>
<tr>
<td>Median Income</td>
<td>County</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>35,050</td>
</tr>
<tr>
<td>(50% or less of County Median</td>
<td>County</td>
</tr>
<tr>
<td>Low Income</td>
<td>54,950</td>
</tr>
<tr>
<td>(80% or less of County Median Income)</td>
<td></td>
</tr>
</tbody>
</table>

For office use only:
All required information included Yes___ No___