

Ho-Chunk Housing and Community Development Agency  
**COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**  
**Rental Assistance and Utility Assistance Application**

*Applicants must submit this Form and supporting documentation for each additional month (or three-month prospective period) that they seek Financial Assistance under the ERA Program. **All applications must be completely filled out for processing to begin.***

1. Do you rent the residence in which you are living?  Yes  No

If yes, continue filling out application.

If no, you are not eligible for Emergency Rental Assistance Program. Please visit [HHCDA.com](http://HHCDA.com) about additional Covid Assistance programs that you may be eligible.

<b>*FOR OFFICIAL USE*</b>
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

**Applicant Information**

Applicant Name: _____		Date: _____
Date of Birth: _____	Tribal Enrollment No.: _____	Last 4 of SSN: _____
Gender: _____	Race and Ethnicity: _____	District: _____
Address: _____	City: _____	State: _____
Zip: _____	County: _____	Phone: _____
<b>Email Address:</b> _____		

Current Landlord Name: _____	Monthly Rental Amount \$ _____
Contact Phone: _____	Email: _____
Address of Landlord: _____	

**General Information**

2. Are you an enrolled member of the Ho-Chunk Nation  Yes  No
- a. If no, are you a Native American enrolled in a federally recognized tribe.  Yes  No
- i. If yes, attach proof of membership of your Tribe
3. Has anyone in your household been unemployed longer than 90 days?  Yes  No
4. Household size (total number of adults and minors in rental unit): \_\_\_\_\_

**Emergency Rental Assistance Program funds will be used for the following activities:**

- a. Rent (current)--Applicants can apply for rental assistance for current month's rent. Up to \$1,000.00 per month.
- b. Prospective Rent (future rent)--Financial assistance for a period up to 12 months, up to 12,000.00 maximum. Must re-certify income eligibility every 3 months.
- c. Rental arrears--ERAP assistance can pay for arrears as far back as March 13, 2020. 12,000.00 maximum.
- d. Utilities and home energy costs--Current month's utility statement amount. Up to \$300.
- e. Utilities and home energy costs arrears--ERAP assistance can pay for arrears as far back as March 13, 2020, \$3,600 maximum amounts.

**All required documents must be attached in order to be considered for assistance.**

**Household Member Information:**

Name	Date of Birth	Last 4 digits of SSN	Tribal Enroll. No.	Annual or Monthly Income	Income Source	Check if attached documentation
Total Monthly Income				X 12 months =	Annual Income	

**Please note Ho-Chunk Nation Covid relief payments of HELP, TESS and Legacy are not considered income. Applicant must attach and submit a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020. Applicants are strongly encouraged to submit a 2020 IRS 1040 tax form, this is the preferred method of income verification, this will greatly assist applicant with future re-certification.**

**Financial hardship**

- Do you or any individual in your household qualify for unemployment benefits?  Yes  No
- Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to 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 child care/school.
  - Underlying medical condition requiring staying home to prevent exposure.
  - Loss of self-employment/business income
  - Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
  - Disabled and enduring increased costs because of the COVID-19 pandemic
  - Incurred significant costs (hospital bills, medication costs, etc)
  - Other financial hardship; list: \_\_\_\_\_

**Housing Instability**

- Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):
  - Currently homeless
  - A past due utility with disconnect notice or rent notice or eviction notice
  - Any other evidence of such risk

a. If you checked any of the boxes above, attach supporting documentation demonstrating each type of housing instability (e.g. past due utility or rent notice or eviction notice, or documentation of any other evidence of risk.)

b. If you checked any of the boxes above, please describe the details of your housing instability:

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### A. Rent Arrears and Utility Costs Arrears

#### Do you have any Rent Arrears or Utility Costs Arrears?

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each arrears payment (rental lease, documents showing rent or utility costs arrears and interest accrued, etc.)*

**Rent Arrears** (*Rent payments in arrears*): (back rent or rent unpaid since March 13, 2020)

Total amount in Arrears \$ \_\_\_\_\_

Please provide rental statement / ledger from your landlord

**Utility Costs Arrears** (*Utility Cost payments in arrears*): Total amount in Arrears \$ \_\_\_\_\_

1. **Natural Gas / Propane/ Fuel Oil** : Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Electricity**: Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Water / Sewer**: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Trash Removal**: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Rent Arrears and Utility Costs Arrears:**

**Only** includes Rent Arrears and Utility Costs Arrears **incurred on or after March 13, 2020.**

**Arrears includes:** interest charges and penalties accrued from the date on which the first missed payment after March 13, 2020

**B. Other Housing Expenses**

**Do you expect to be unable to pay any other Housing Expenses? (Expenses related to housing incurred after March 13, 2020, or indirectly, to the novel coronavirus disease (**

*If you check any of the boxes below, attach supporting documentation for each housing expenses payment due*

\_\_\_\_\_ **Payment due:**

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Acknowledgements**

**TO THE APPLICANT:** By signing this Form, you are certifying that you have not already received funding or benefit from Emergency Rental Assistance from any other source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you have received such, Rental Assistance funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify Ho-Chunk Housing and Community Development Agency of changes to my household’s eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if Ho-Chunk Housing Community Development Agency determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**If a landlord or owner of a residential dwelling submits this Form on behalf of the Applicant:**

I, \_\_\_\_\_, the Applicant’s landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE

**Additional Requirements**

- 1. Applicants must sign a release of information form allowing the Ho-Chunk Housing and Community Development Agency to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.

2. For each additional month that applicants seek Financial Assistance under the ERA Program, they must submit information and documentation for the rent and utility costs for that month and prospective months for which they seek assistance.

**Attestation Applicant Acknowledgements**

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 80 percent of the Area Median Income for the household.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Form Received by HHCDA:**

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

**OFFICIAL USE ONLY**

Approved:       Yes    No   Reason: \_\_\_\_\_

Denial Communicated: \_\_\_\_\_      Staff Signature: \_\_\_\_\_

**All Applications must be returned to HHCDA**

Email: the application to [covid19chaps@ho-chunk.com](mailto:covid19chaps@ho-chunk.com)

Fax: 608-374-1270

United State Post Service: HHCDA, P.O. Box 730 Tomah WI, 54660

Hand Deliver to 1116 E. Monowau St. Tomah WI, 54660.    Place in Drop Box outside the door.

Questions about the can be emailed to [Erap@ho-chunk.com](mailto:Erap@ho-chunk.com) or call 608-374-1245

**All required documents must be attached in order to be considered for assistance.**

**HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY  
P. O. BOX 730, TOMAH, WI 54660**

**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 Emergency Rental Assistance Program (ERAP) application. This information may be obtained from the following sources, and of the Programs of the HO-CHUNK NATION, Federal, State, and Local governments and any of their agencies and representatives, Law Enforcement Agencies, Financial Institutions and current and prior landlords. This 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.

The information request 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.**

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
S.S.N. OF APPLICANT

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
PRINT NAME OF CO-APPLICANT

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
S.S.N. OF APPLICANT

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
TODAY'S DATE

All required documents must be attached in order to be considered for assistance.

**COVID-19 Emergency Rental Assistance Program  
Form Checklist**

Please review your application to make sure that it contains the following information:

**For all Applicants:**

- Current rental lease

**Submit the following documentation if applicable:**

- Income Verification Documentation
- Documents showing Rent Arrears and interest/penalties accrued or eviction notice
- Tribal Verification (Tribal ID (can be expired), Certificate Degree of Indian Blood, Percapita statement with full name and Tribal ID)
- Documents showing Utility Costs Arrears and interest/penalties accrued
- Current Utility bills showing current Utility Costs due (Entire Bill)
- Documents showing other expenses related to COVID-19 for which payments are due
- Signed Release of Information Form

All required documents must be attached in order to be considered for assistance.

**HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY  
P. O. BOX 730, TOMAH, WI 54660**

<b>2020 Annual Income Limits for Ho-Chunk Housing and Community Development Agency Low Income Programs April 2020</b>								
	<b>Size of Household</b>							
Income Category	1 person	2 Persons	3 persons	4 Persons	5 persons	6 Persons	7 persons	8 persons
Extremely low income 30% or less of County Median Income	21,050	24,050	27,050	30,050	32,500	35,160	39,640	44,120
very Low Income 50% or less of County	35,050	40,050	45,050	50,050	54,100	58,100	62,100	66,100

Median Income								
Low Income 80% or less of County	54,950	62,800	70,650	78,500	84,800	91,100	97,350	103,650