



**HO-CHUNK NATION**  
**PROPERTY MANAGEMENT DIVISION**  
P.O. BOX 170  
TOMAH, WI 54660  
608-374-1225  
FAX 608-374-1233

## RENTAL APPLICATION

**NOTE: PLEASE PRINT; Applicant must be enrolled five years.** All questions on the application must be answered. An incomplete application will be returned. All adult members of the household with a different surname must complete an application. **A security deposit is required and must be paid at move-in.** The applicant must have the means to make the rent payment. The application will be denied if the rent exceeds 35% of the gross income of the household.

**BACKGROUND INFORMATION MAY BE OBTAINED FROM FEDERAL, STATE AND LOCAL GOVERNMENTS AND ANY OF THEIR AGENCIES AND REPRESENTATIVES, LAW ENFORCEMENT AGENCIES, JUDICIAL SYSTEM PUBLIC RECORDS, SEX OFFENDER REGISTRY, FINANCIAL INSTITUTIONS, CREDIT BUREAUS AND CURRENT AND PRIOR LANDLORDS** and may be a determination for an application to be approved. Only applicants that have completed an application or whose name is on the application will be allowed to live in the unit. The applicant's name **WILL NOT** be placed on the waiting list until the application is completed, returned and approved. **This application expires one year after date of submission.**

Applicant: \_\_\_\_\_, SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
STREET

\_\_\_\_\_ How Long: \_\_\_\_\_  
CITY STATE ZIP CODE

Present Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Other Income Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_, SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Telephone: \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Other Income Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Which community are you requesting to live in? Black River Falls \_\_\_\_\_, Tomah \_\_\_\_\_,  
Wisconsin Dells \_\_\_\_\_, Wisconsin Rapids \_\_\_\_\_, Wittenberg \_\_\_\_\_.

**List of All Persons That Will Reside in the Unit**

*A single or foster parent must provide proof of custody for minor children residing in the unit; court or divorce order, social service placement, etc.*

Name	Relationship	Tribal ID Number	Birth Date
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			

Do You Have Any Pets? \_\_\_\_\_ Type: \_\_\_\_\_

**Credit References: Auto Loans, Charge Cards, and Personal Loans:**

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

**Banks and Types of Accounts:**

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

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Number: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Number: \_\_\_\_\_

**I / We, hereby, certify that all the information on the application, supplied by the undersigned, is correct and factual. I / We have read the application completely and have answered all the questions. I / We understand that falsifying the application is grounds for rejection. Completing an application does not mean approval for a rental unit.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co -Applicant Signature

\_\_\_\_\_  
Date

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**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I / we, the undersigned, with this document, authorize the HO-CHUNK NATION PROPERTY MANAGEMENT DIVISION and their agents to obtain any and all information, necessary, to process the application. This information may be obtained from the following sources, any Program of the HO-CHUNK NATION, federal, state and local governments and any of their agencies and representatives, law enforcement agencies, credit bureaus, sexual offender registry, 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 NATION PROPERTY MANAGEMENT DIVISION and / or their agents or designates.

I / we, the undersigned, with this, release the HO-CHUNK NATION and the PROPERTY MANAGEMENT DIVISION and / or their agents, federal, state and local governments, their agencies and their representatives, credit bureaus, law enforcement agencies, sex offender registry, financial institutions, current or prior landlords and any individual of any liability for releasing requested information.

The information requested maybe given by fax, telephone or in writing. This release is valid for one year from the date of the 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 this release and with this give consent for the release of any requested information.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

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

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

\_\_\_\_\_  
DATE OF BIRTH OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF CO-APPLICANT

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

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

\_\_\_\_\_  
DATE OF BIRTH OF CO- APPLICANT