

HO-CHUNK NATION

DEPARTMENT OF HOUSING

Dear Tribal Member:

Enclosed is the application for “Down Payment Assistance” you requested. The required information to be submitted with the application is listed at the bottom of the first page of the packet.

The Housing Board meets every second Wednesday of the month at the Department of Housing office located at 500 E. Veterans Street Tomah, WI.

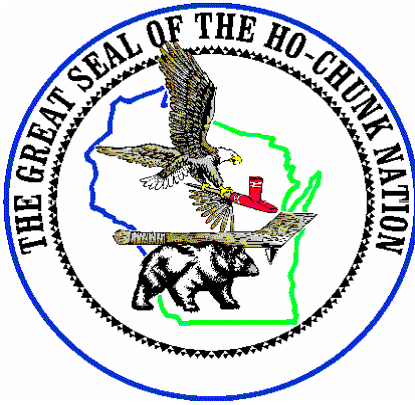
Your down payment assistance application and required paperwork must be in our office at least one week prior to the Housing Board meeting. This will provide us ample time to prepare the information to submit to the Housing Board.

Should you have any questions, please feel free to contact me at 608-374-1225 or by email at PHanson@ho-chunk.com.

Sincerely,

Patti Hanson
Real Estate Manager
HCN Department of Housing

P.O. Box 170, Tomah, WI 54660
(608) 374-1225 * Fax 374-1233
Housing@ho-chunk.com



HO-CHUNK NATION

DEPARTMENT OF HOUSING

DOWN PAYMENT ASSISTANCE PROGRAM

Was designed to assist Tribal members with the Purchase of a Non-HOP Home.

ELIGIBILITY

1. *The tribal member requesting any assistance must be an enrolled member with the Ho-Chunk Nation.*
2. *The tribal member applying must be at least 18 years or older and legally competent.*
3. **First time homebuyer.**
4. *If an Applicant has been identified on the National Sexual Offender Registry, they would be ineligible to reside in the Ho-Chunk Nation Rental Properties and residences in Ho-Chunk Nation Homes and ineligible to receive any HOP funding. In the interest of providing tribal membership with a safe living environment.*
5. *This grant cannot be used in conjunction with any other Down Payment Assistance Program (ie.HHCDA - Ho-Chunk Housing & Community Development Agency)*
6. *You will be required to sign a stipulation letter acknowledging that if you sell the home prior to (60 months) you will be required to pay the Grant back accordingly to the following guidelines:*
 1. 5 year = \$ 0 reimbursement
 2. 4 year = \$ 1,000 reimbursement
 3. 3 year = \$ 2,000 reimbursement
 4. 2 year = \$ 3,000 reimbursement
 5. 1 year = \$ 4,000 reimbursement
6. *Any amount exceeding the closing cost shall be applied to the principal balance of the loan. There will not be any reimbursements or distribution of funds if closing is prior to Housing Board Meeting.*

(The Housing Board meets the second Wednesday of every month. All documents must be submitted at least one week prior to the Board Meeting.)

REQUIREMENTS

- Completed Down Payment Assistance Application
- Copy of pay stub(s) and Federal Income Tax form for income verification.
- A copy of the Offer to Purchase from the Realtor. (We recommend the offer to purchase is contingent upon receiving down payment assistance from the Ho-Chunk Nation.). This would prevent the loss of "Good Faith Money or Earnest Money", if your request is denied.
- Good Faith Estimate (purchase price and itemized closing costs).
- Any and all paper work received from the Realtor including the property description.
- Financial Institution's name, address, phone number including the name of the "loan officer".
- Copy of an Appraisal by a State Certified Appraiser.
- Copy of a Building Inspection Report by a State Certified Building Inspector.
- **Colored pictures** are required of interior, exterior and the site.
- An Itemized statement of monthly expenses.

THIS HOME MUST COMPLY WITH THE FOLLOWING REQUIREMENTS

- Mobile Homes and Manufactured homes will not be considered.
- Townhouses, condominiums or duplexes **MAY** be considered but only on a case-by-case basis.
- Home must have at least **200** amp electrical service.
- You may not use your home for collateral on any loan for the next (5) five years, other than the mortgage loan itself.
- You will not be eligible for assistance for a period of 2 years from the date of closing.

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(608) 374-1225 * Fax 374-1233
Housing@ho-chunk.com**

DOWN PAYMENT ASSISTANCE APPLICATION

NAME: _____ DATE: _____
PRESENT ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____
ENROLLMENT # _____ DATE OF ENROLLMENT: _____

HOUSEHOLD DATA:

Number of children _____
Number of Elderly (over 55) _____
Number of handicapped/disabled _____
Explain Handicap and/or Disability of each handicapped or disabled individual _____

MONTHLY INCOME DATA: (Income verification is required to process this application.
Please attach paycheck stubs or other pertinent verification of income.)

Employment:
Employer: _____ Monthly Gross Income \$ _____
Address: _____
Employer: _____ Monthly Gross Income \$ _____
Address: _____

AFDC	\$ _____
Social Security	\$ _____
Pension/Retirement	\$ _____
Disability	\$ _____
Unemployment Comp	\$ _____
Rental Income	\$ _____
Child Support	\$ _____
Per Capita	\$ _____
Other	\$ _____

TOTAL MONTHLY INCOME: \$ _____

ADDRESS OF NEW PROPERTY: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COUNTY: _____ DIRECTIONS TO NEW PROPERTY: _____

TYPE OF HOME:

Single Family Home _____ Townhouse _____
Duplex _____ Condo _____

Is the home you are purchasing or building on private or municipal water and sewer? Yes No

Source of heat in the home: Gas Oil Electric
Wood LP Other

I CERTIFY THAT THE INFORMATION PROVIDED BY ME ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND FALSE INFORMATION WILL DISQUALIFY ME FROM DOWN PAYMENT ASSISTANCE.

Signature of Applicant: _____ Date: _____

ONLY ONE APPLICATION PER HOUSEHOLD