



**HO-CHUNK NATION
PER CAPITA ADVANCE APPLICATION**

PLEASE PRINT CLEARLY ****Elders Please Check This Box**

APPLICANTS NAME _____

HO-CHUNK ENROLLMENT NUMBER (Last 4 Digits) _____

CURRENT ENROLLMENT ADDRESS _____

(Area Code) DAY TIME PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

DATE of BIRTH _____

\$
AMOUNT REQUESTING (MAXIMUM \$1,000) _____

SOCIAL SECURITY NUMBER (Last 4 digits) _____

EMAIL ADDRESS _____

PREFERRED CONTACT METHOD (PHONE or E-Mail) _____

PLEASE NOTE: All Per Capita Advances will be disbursed in the same manner that the Tribal member receives their quarterly Per Capita distribution (i.e., manual check or direct deposit).

*** Pursuant to Section 7 of the Ho-Chunk Nation amended and restated PER CAPITA DISTRIBUTION ORDINANCE, this application **DOES NOT** change your Address with Enrollment nor does it satisfy your Annual Address Verification with Enrollment for your quarterly Per Capita disbursements. Members shall be responsible for providing address changes to the Enrollment Office as they occur.

HO-CHUNK NATION WAIVER

The undersigned hereby gives the Ho-Chunk Nation permission to verify the information on this application. Upon signing, I certify that I have read and understand the terms of the Tribal Advance Policy. I understand that any false information or dishonesty may result in ineligibility to receive a Tribal Advance now and in the future.

SIGNATURE OF MEMBER _____ **DATE** _____

***Applications can be faxed to (715)284-7887, mailed to the address listed below, dropped off at the HCN Department of Treasury or e-mailed to: TOB.Loans@Ho-Chunk.com

***** **For Office Use Only** *****

Date Received in Treasury: _____

**HO-CHUNK NATION
PER CAPITA PLEDGE
AGREEMENT**

I, _____ upon receipt of an advance from the Ho-
(Please print First, MI, Last Name)

Chunk Nation, do hereby pledge as collateral any and all future Per-Capita Distributions should this advance or any prior tribal advances become delinquent. I understand that by signing this Agreement I am giving permission to the Ho-Chunk Nation to withhold any and all amounts due to them. Any amount of the Per-Capita Distribution, which exceeds the balance, will be returned to me.

Signed this _____ day of _____, _____

MEMBER SIGNATURE

State of: _____ County of: _____

Signed or attested before me on this _____ day of _____, 20 _____.

NOTARIZED BY

COMMISSION EXPIRATION