

HO-CHUNK NATION
PER CAPITA ADVANCE POLICY



AS ESTABLISHED BY THE HO-CHUNK NATION
APPROVED BY LEGISLATURE FEBRUARY 10, 1998

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REVISED & APPROVED ON 01/03/14
REVISED & APPROVED ON 03/26/14



**PER CAPITA ADVANCE POLICY
AS ESTABLISHED BY THE
HO-CHUNK NATION REVISED 03/26/14**

OBJECTIVE:

The Per Capita Advance Policy provides financial assistance to enrolled Tribal members. In order for the advance to be repaid, the recipient pledges their next Per Capita distribution as collateral.

ADVANCE TERMS:

- The maximum advance amount is \$1,000.
- Repayment of the Per Capita Advance will be automatically deducted from the Tribal member's Per Capita distribution until paid in full.
- Power of Attorney forms must be updated at least yearly.
- Non-Elders will be charged a handling fee of \$50.00 for each advance.
- Elders (must be at least 60 years of age as of the date of application) will not be charged a handling fee.

ELIGIBILITY REQUIREMENTS:

- Ho-Chunk Nation enrolled Tribal member.
- Be 18 years of age and currently receive Per Capita distribution.
- If pending or outstanding claims against the applicant's Per Capita Distribution exist:
 - a) The applicant must provide proof of payment to receive their maximum advance amount less any applicable handling fee, or
 - b) A new advance will be made for no more than the current maximum advance amount less any amount owed from the prior distribution and any applicable handling fee.
- Advances will be denied to all applicants that have a Per Cap advance shortage or a current employee loan shortage, unless payment is received.

APPLICATION PERIOD:

The Treasury Department will begin accepting applications for Per Capita Advances one day after the last scheduled Per Capita distribution. The last day applications are accepted for the current advance period will be three business days prior to the 15th day of the month before the next scheduled Per Capita distribution.

PER CAPITA ADVANCE APPLICATIONS:

- Applicants must submit a completed advance application.
- Applications will be processed within three to five business days of receipt. Any applications received after 3:00 P.M. will be recorded as received on the next business day.
- The notary stamp must be visible and legible for the application to be processed.
- The Treasury Department will verify that applications meet all of the requirements in the Per Capita Advance Policy.

All incomplete/ incorrect applications will be returned and the Tribal member must re-submit their application.

DENIED APPLICATIONS:

If the eligibility requirements are not met notification will be sent to the applicant indicating the reason for denial.

DISTRIBUTION OF PER CAPITA ADVANCE:

- All Per Capita Advances will be disbursed in the same manner as their quarterly Per Capita payments. i.e. if per capita payments are received via direct deposit, your advance will also be direct deposited.
- The first distribution of Per Capita Advance will be dated and mailed two days before the 15th day of the month following the previous scheduled Per Capita distribution. If the 15th falls on a weekend, the advance will be dated and mailed two business days before the weekend.

REISSUE:

- For checks believed to be lost, applicants may request and complete a Stop Payment Form which will be processed no sooner than 10 calendar days after the date the original check was issued.
- Once the original Stop Payment Form is received by Treasury, a new check will be issued to the Tribal member in accordance with the Treasury Department's Stop Payment procedures. Once a Stop Payment is performed on a check that check **MUST NOT** be cashed; doing so may result in ineligibility to receive an advance from the Ho-Chunk Per Capita Advance Fund in the future. This may also result in additional legal ramifications.
- Original stale dated checks brought to Treasury will be voided and a new check can be issued at the request of the Tribal member, generally within 3 business days of the request.



**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