



**Osage Nation Financial Assistance Department**

627 Grandview Avenue  
Pawhuska, OK 74056  
Phone: (918) 287-5325  
Fax: (918) 287-5593

Dear Voucher Assistance Applicant:

The Voucher Program operates on a fiscal year (October through September) and serves low-income Native American households, residing in the service area (Osage County), by providing assistance to relocate or assistance during a financial emergency. A financial emergency is defined as a situation beyond one's control that results in the inability to temporarily pay rent, mortgage and or utilities. Acceptable situations of a financial emergency are limited to: a recent reduction of hours, temporary layoffs, recent hospitalization, a recent death of a household income provider, unforeseen medical expenses, involuntary interruption or loss of income that was not the fault of the applicant. The amount of assistance is based on current available funding levels.

Eligible applicants are Native American, 18 years of age or older, residents of Osage County and the household income cannot exceed 80% of U.S. median income limits, as published by the U.S. Department of Housing and Urban Development.

Priority will be given to Osage veterans, disabled households, and the elderly who are living on fixed incomes. Assistance is provided in the form of vouchers made payable to the landlord, mortgage and or utility companies. The program will not assist with down payment assistance toward homeownership. Assistance payable to family members is prohibited.

Please read and complete each section of the attached application. Completed applications contain the following attachments:

- Complete, signed and notarized Voucher Application
- Copy of Osage Nation membership card or a non-Osage tribal membership or CDIB for all household members
- Copy of photo identification for each adult household member
- Copy of Social Security cards for all household members
- Copies of current utility bill
- Copy of current lease, landlord agreement or rental statement form (must be in applicant's name)
- Mortgage invoice or coupon (must be in applicant's name)
- Copy of last year's signed tax return – if taxes were not filed, a notarized statement must be submitted along with proof of income for the past 30 days for each adult in the household
- Verification of financial emergency

If applicable, please also attach the following:

- For veteran status, a copy of Form DD214 – for purposes of benefit and services, a person who served in active military service and who was discharged, or released, under conditions other than dishonorable is considered a veteran
- For disabled status, verification of Social Security Disability (SSD or SSDI) or Supplemental Security Income (SSI)

The Financial Assistance Department is located at 239 W. 12<sup>th</sup> Street Pawhuska, Oklahoma. Office hours are Monday – Friday 8:00 am to 4:30 pm, excluding Osage Nation holidays. For questions please call 918-287-5325 / 888-822-1248, fax 918-287-5593 or email [financial-assist@osagenation-nsn.gov](mailto:financial-assist@osagenation-nsn.gov). We look forward to assisting you.

Sincerely,

Jennifer Oberly, Director



## Voucher Program Application

Applicant Information			
Last Name:	First Name:	MI:	Application Date:
Physical Street Address:	City:	State:	Zip Code: County:
Mailing Address: (Street or PO Box):	City:	State:	Zip Code: Email Address:
Federally Recognized Tribe:	If Osage, Membership No.:		Phone:

Household Data (applicant must be included)							
Last, First Name	Age	Social Security Number	Relationship to Applicant	Veteran? Yes / No	Disabled? Yes/No	Enrolled Osage? Yes/No	Osage Membership #
1.			Self				
2.							
3.							
4.							
5.							
6.							

### Assistance Information

Which type of assistance are you requesting?     Relocation     Financial Emergency

Do you currently participate in a Public Housing Program?     Yes     No

Do you currently receive any subsidy for dwelling costs?     Yes     No

If yes, provide monthly amount: \$ \_\_\_\_\_

Please explain your temporary financial emergency and why you need assistance: \_\_\_\_\_

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## Household Income

Did you or any other adult, file a recent Federal Tax Return?  Yes  No

If Yes, enter the Annual Adjusted Gross Income, Federal 1040 form: \$ \_\_\_\_\_

If No, submit a tax affidavit and complete the following section:

<i>**If the source of income is not applicable, enter a zero (0), do not leave blanks.</i>	Household Adult	Household Adult
Wages, salaries, tip, etc.	\$	\$
Taxable interest	\$	\$
Dividends	\$	\$
Taxable refunds, credits or offsets of State and local income taxes	\$	\$
Alimony (or separate maintenance payments) received	\$	\$
Business income (or loss)	\$	\$
Capital gain (or loss)	\$	\$
Other gains (or losses)	\$	\$
Taxable amount of individual retirement (IRA) distributions to include simplified employee pension (SEP) and Simple (IRA) distributions	\$	\$
Taxable amount of pension and annuity payments	\$	\$
Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$	\$
Farm income (or loss)	\$	\$
Unemployment compensation payments	\$	\$
Taxable amount of Social Security benefits	\$	\$
Other income including prizes and awards; gambling, lottery or raffle winnings	\$	\$
<b>Excluded Income</b>		
Educator expenses	\$	\$
Certain business expenses of reservists, performing artists and fee- basis government officials	\$	\$
Health savings account deduction	\$	\$
Moving expenses	\$	\$
Deductible part of self-employment tax	\$	\$
Self-employed SEP, SIMPLE, and qualified plans	\$	\$
Self-employed health insurance deduction	\$	\$
Penalty on early withdrawal of savings	\$	\$
Alimony paid	\$	\$
IRA deduction	\$	\$
Student loan interest deduction	\$	\$
Tuition and fees	\$	\$
Domestic production activities deduction	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

Applicants Rights and Responsibilities

I understand my completed application will be processed within ten (10) business days and I shall receive a denial or approval letter. The approval letter will include benefit amount and vendor information. If the application is denied, I will receive a notification letter stating the reason and information detailing the appeals process. I understand that I have ten (10) business days to appeal.

Federal law governing fraud: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick scheme or device, a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing on documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."

The information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant's information may be released to other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: Voucher Assistance is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

I have read and understand the above statements and I authorize the Osage Nation Financial Assistance Department to obtain necessary information from other sources to determine my eligibility for assistance. I agree to notify the Osage Nation Financial Assistance Department of any changes in the information provided on this application, and that all information provided is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Other Adult Applicant

\_\_\_\_\_  
Date

**{State of OKLAHOMA}**  
**{County of OSAGE}**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared \_\_\_\_\_ to me known to be the identical persons and acknowledged to me that they executed the same as their free and voluntary act and deed, for the used and purposes therein set forth.

Given under my hand and seal the day and year last above written.

\_\_\_\_\_  
NOTARY PUBLIC

Commission expiration:\_\_\_\_\_

Commission number:\_\_\_\_\_