



## Osage Nation Financial Assistance Department

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

Dear Energy Assistance Applicant:

The Energy Assistance Program operates on a fiscal year (October through September) and serves low-income Native American households within the Osage Reservation (Osage County) by providing heating and cooling energy assistance. The program also provides Crisis Assistance during an energy crisis or preventive maintenance for elders. These benefits are described as follows:

1. Heating Assistance is available from November 1<sup>st</sup> through March 31<sup>st</sup> and includes a payment toward a propane, natural gas or electric utility bill, once per fiscal year. A space heater, blanket and weatherization materials may also be provided dependent upon funding levels.
2. Cooling Assistance is available from April 1<sup>st</sup> through August 31<sup>st</sup> and includes a payment toward an electric utility bill, once per fiscal year. An oscillating box fan and weatherization materials may also be provided.
3. Crisis Assistance is available from October 1<sup>st</sup> through September 30<sup>th</sup> and may be awarded once each fiscal year per crisis eligible applicant. This benefit provides either utility assistance or Heating Ventilation & Air Conditioning (HVAC) repair / replacement for eligible homeowners. Crisis eligible households contain one of the following: an elder (55 years or older), a child nine (9) years or younger, or an enrolled member of the Osage Nation. The program will provide an intervention that will resolve the energy crisis within 18 to 48 hours. The applicant must have used a regular heating or cooling benefit before applying for the crisis utility benefit. This program will determine a crisis based on the following:
  - Possible health threat to a vulnerable applicant and households
  - Non-working heating or cooling equipment
  - KI HY KA (Principal Chief of the Osage Nation) has declared a state of emergency by Executive Order in extreme temperatures
  - President has declared the service area a natural disaster
  - A life-threatening crisis constitutes an energy burden that may result or create a medical or health emergency

Energy Assistance from the Department of Human Services (DHS) is inclusive and is counted as eligible benefits with the Osage Nation Energy Assistance Program. The amount of assistance is based upon the number of people living in the household and combined income of each adult in the household. Utility bills must be in the name of the applicant and the service address must match the address on the application. This program does not assist with late fees, disconnect or reconnect fees. The program will not assist with utility deposits nor assist on a utility account that has been disconnected. Complete applications must be received five (5) business days before the energy bill disconnect date. Each benefit may be awarded one time per fiscal year.

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

- \_\_\_\_\_ Complete, signed Energy Assistance Application
- \_\_\_\_\_ Photo Identification (driver's license, state ID, tribal ID, passport), for each adult household member
- \_\_\_\_\_ Membership card or CDIB of federally recognized tribe, for each household member
- \_\_\_\_\_ Social Security card, for each household member
- \_\_\_\_\_ Current Energy bill
- \_\_\_\_\_ Verification of household income, for the thirty (30) days prior to the date on this application

If applicable:

- \_\_\_\_\_ Verification of homeownership, if requesting HVAC repair or replacement (General Warranty Deed, Contract for Deed, Manufactured Home Title, BIA permit, Lease to Purchase)

Applicants will have (10) business days from date of the denial letter to appeal decisions. Applicant must submit the Appeal Form to the Financial Assistance office.

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 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 of the Financial Assistance Department



## Energy Assistance 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:
Date of birth and age:	Veteran: Yes or No	Disabled: Yes or No	Child in the household 9 yrs. old or younger? Yes or No	

Last, First Name	Age	Social Security Number	Veteran Yes / No	Disabled Yes/No
1.				
2.				
3.				
4.				
5.				

Household Income (If you do not receive the income source, ENTER 0, do not leave any source blank)				
Income	Applicant	Household Adult	Household Adult	Household Adult
Wages (Net)	\$	\$	\$	\$
Self-Employment	\$	\$	\$	\$
Contract	\$	\$	\$	\$
SSA or SSI	\$	\$	\$	\$
Retirement/Pension Benefits	\$	\$	\$	\$
Rental Property Income	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Unemployment insurance	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$
Each Adult Initial:				

If an adult listed on this application is listing zero income please complete the following:

Receive TANF   
  Receive GA   
  Receive Headright Income   
  Other: \_\_\_\_\_

**Assistance Information**

Have you received utility assistance from DHS since October 1st?          Yes        No

Do you receive a utility allowance?          Yes        No

Which type of utility assistance are you applying for?

   Heating

   Cooling

How do you heat your home?

Natural gas     Electric

Wood Stove     Propane

Vendor: \_\_\_\_\_

How do you cool your home?

Central A/C     Window Units

Crisis Assistance:

   Utility Cost

   HVAC repair / replacement

If Utility Cost was selected which assistance type are you requesting:

   Heating

   Cooling

If you are requesting crisis assistance please check all that apply and provide a written explanation below

   Possible health threat to a vulnerable applicant and household

   Non-working heating or cooling equipment (repair and replacement available to homeowner's only)

   Life-threatening crisis constitutes an energy burden that may result or create a medical or health emergency

<b>OFFICE USE ONLY</b>			
Application Completed Date	In-kind Materials	Date Received / Staff initials	
Vulnerable Household	YES or NO	NOTES:	
DHS Representative	Amount                      Date		

I. Applicant 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: Osage Nation Energy 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.

If you have any information about possible fraud, waste or the misuse of LIHEAP funds, please help us eliminate it by calling Health and Human Services Fraud Alert hotline. 1(800) HHS-TIPS, 1 (800) 477-8477 or Visit the Website: <https://forms.oig.hhs.gov/hotlineoperations/nothhsemployeeen.aspx> or contact them by Mail: US Department of Health and Human Services, Office of Inspector General, ATTN: OIG HOTLINE OPERATIONS, PO Box 23489, Washington, DC 20026

I. Release of Information

I have read and understand the above statements, and understand the program policy is available for public review on the Osage Nation website. 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Spouse / Significant Other

\_\_\_\_\_  
Date

