



Osage Nation Financial Assistance Department

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

Dear Veteran:

The Tribal HUD-VA Supportive Housing program (Tribal HUD-VASH) will provide rental assistance to Native American Veterans who are Homeless or At Risk of Homelessness living on or near a reservation or other Indian areas. The Osage Nation must partner with the Department of Veterans Administration (VA) to provide case management and supportive services to eligible Native American veterans.

Priority will be given to Osage veterans, then other Native American Veterans as referred by the Department of Veterans Administration. Assistance is provided in the form of monthly rental vouchers made payable to the property owner. The program will not assist with down payment assistance toward homeownership. Assistance is not provided for costs for those applicants renting from family members.

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

- Referral from the Department of Veteran's Administration
- Complete, signed and notarized THVASH Application
- Copy of Osage Nation membership card or a non-Osage tribal membership or CDIB for all household members
- Copy of photo identification for Veteran
- Copy of Social Security cards for all household members
- Copy of current lease
- 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
- For veteran status, a copy of Form DD214

The Financial Assistance Department is located at 239 W. 12th 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. We look forward to assisting you.

Sincerely,

Jennifer Oberly, Director
Osage Nation Financial Assistance Dept.



Tribal HUD VASH Program Application

Veteran 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	Date of Birth	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 applies to your current situation: Homeless At Risk of Homeless

How long have you been in this situation? _____

Which type of initial assistance do you need? Rental Dep. Utilities Both

Do you require a rental unit with special design features for handicaps or disabilities?

Yes No If yes, provide details: _____

Are you or any member of your household required to register as a Sex Offender?

Yes No If yes, provide name: _____

V.A. Referral Date: _____

Household Income

Did you or any other adult in household, 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	\$	\$
Excluded Income		
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	\$	\$
TOTAL	\$	\$

Applicant's Rights & Responsibilities

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: THVASH 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: _____