



**Osage Nation Tribal Works Department  
Housing Program**

627 Grandview  
Pawhuska, OK 74056  
Phone: (918) 287-5310

Dear Down Payment Assistance Applicant:

The Osage Nation Down Payment Assistance Service is open to first time homebuyers who are wishing to purchase a home within the boundaries of the Osage Reservation (Osage County) and who can secure their own financing for that home. The amount of assistance provided cannot exceed \$5000.00.

Please complete each section of the attached application. The following documents are required to support your application:

- \_\_\_\_\_ Completed application form
- \_\_\_\_\_ Osage Nation membership number
- \_\_\_\_\_ Copy of CDIB if not a member of the Osage Nation
- \_\_\_\_\_ Copy of photo identification (federal, state, or Osage Nation issued) for all household members over 18
- \_\_\_\_\_ Copy of Social Security cards for all household members
- \_\_\_\_\_ Proof of residence (current utility bill in the name of the applicant)
- \_\_\_\_\_ Verification of all current income for all household members
- \_\_\_\_\_ Copy of signed, federal tax return or tax payer affidavit (please sign and date on the second page of form 1040)
- \_\_\_\_\_ Copy of an official letter from a financing institution verifying loan approval
- \_\_\_\_\_ Physicians statement or other documentation verifying handicap/disability

If you have questions regarding the application process, you may contact the Housing Program at (918) 287-5310, or toll free at 1-800-490-8771. Our office hours are from 8:00 am – 4:30 pm (CST), Monday thru Friday. We look forward to serving you.

Sincerely,

Amy L. Dobbins  
Osage Nation Housing Program Coordinator



Do you own or rent your current dwelling? \_\_\_\_\_Own \_\_\_\_\_Rent

Name of landlord or mortgage holder:					Account Number:
Physical Address:	Street	City	State	Zip	Phone:
Mailing Address:	Street	City	State	Zip	Email address:

Have you ever held ownership interest in any home? \_\_\_\_\_Yes \_\_\_\_\_No  
 If yes, please provide the titleholder's name and describe the previous homeownership arrangement:

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Additional information:

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## II. Spouse information

Name:	Last	First	MI	Date:	
Physical Address:	Street	City	State	Zip	Phone:
Mailing Address:	Street	City	State	Zip	Tribe:
Email Address:	If Osage, Membership number:				
Date of birth:					

## III. Household Data

Household Members	Date of Birth	Social Security Number	Relationship	If Osage, Membership number
			Self	

**IV. Income Information**

List all annual earned income.

Name	Annual Earned Income	Source of Income

Total annual earned income \$ \_\_\_\_\_

Please list all household members who receive unearned income such as social security benefits, retirement, disability & unemployment benefits, child support & alimony, interest income, etc.

Supplemental Security Income (SSI)	\$ /month
Social Security	\$ /month
AFDC/TANF	\$ /month
Unemployment	\$ /month
Child Support	\$ /month
Headright/restricted land	\$ /Last 4 quarterly payments

Total annual unearned income \$ \_\_\_\_\_

**V. Applicant Certifications**

*Read carefully before signing. Please be sure to date your application. Please sign in ink.*

I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless in writing, either by the applicant or an officer or employee of the Housing Program or other federal agency requiring it in the performance of their duties.

I fully understand that submission of an application does not guarantee receipt of assistance, and that resources will be allocated or withheld according to availability of funds, the characteristics and living environments of other applicants, and other valid considerations. I understand that I have the right to appeal any adverse decision regarding my request for assistance.

I fully understand that, although the maximum, individual grant amount under this program is \$5,000.00, I am not automatically entitled to that amount and I will not receive that amount if 15 percent of the purchase price and closing costs for my home does not equal \$5,000.00. I also understand that my household is eligible to receive assistance under this program only once throughout the term of our household's composition. I have read and fully understand the policy and guidelines provided with this application.

I am willing to participate in a homebuyer education program as provided by the Osage Tribal Housing Department.

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 Down Payment 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.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_



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### Authorization to Release Information

I hereby give permission for the Osage Nation Tribal Works Department and other entities to release and receive client information within the Osage Nation Departments/Programs, and other entities, to be used to benefit and assist in determining my eligibility for services.

Signature					Date:
Physical Address:	Street	City	State	Zip	Date of Birth:
Mailing Address:	Street	City	State	Zip	Social Security Number:

{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: \_\_\_\_\_.



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