



Osage Nation Tribal Works Department
Housing Program
627 Grandview
Pawhuska, OK 74056
Phone: (918) 287-5310

Dear Emergency Rehab Applicant:

Please read and thoroughly complete each section of the application. It is necessary to submit pertinent information to support your application; you may use the following checklist.

- _____ Completed Application Form
- _____ Osage Nation membership number
- _____ Copies of CDIB if not a member of the Osage Nation
- _____ Copies of photo identification for all household members eighteen (18) and over
- _____ Copies of Social Security cards for all household members
- _____ Proof of ownership (Warranty Deed, Use Permit from BIA Realty)
- _____ Proof of Residence (Recent utility bill in the name of applicant)
- _____ Verification of income-All household members
- _____ Copy of current & signed Federal Tax Return, 1040 form (sign and date on second page of form 1040)
- _____ Release of Information form
- _____ Physician's Statements verifying disability/handicap (SSI Letter, Veteran's Administration (if applicable)
- _____ Verification of Veteran Status (form DD – 214)

If you have any questions 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.

Sincerely,

Amy L. Dobbins
Osage Nation Housing Program Coordinator



Osage Nation Tribal Works Department
Housing Program
 627 Grandview
 Pawhuska, OK 74056
 Phone: (918) 287-5310

EMERGENCY HOME REHABILITATION APPLICATION

I. Applicant 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:					

Do you own or rent your current dwelling? Own Rent

Do you own more than one home? Yes No

Do you live in one of the designated tribal villages?
 Grayhorse Hominy Pawhuska

Do you live on restricted land? Yes No

Does anyone in your household have a sever health problem, handicap or permanently disabled?
 No Yes If yes, please give name and disabling condition:

*** Please must verify this condition through two independent sources such as a Social Security or Veterans' Affairs determination of disability, and/or physician's certification.*

Are any of the listed household members veterans?
 No Yes If yes, please give date of discharge _____

Have you received housing assistance from any Department of Housing and Urban Development (HUD) program, administered by the Osage Nation Housing Program as a Housing Improvement Program (HIP), administered by the Bureau of Indian Affairs (BIA)?

_____ No _____ Yes If yes, please give date, recipient's name, and the location of the house for which the assistance was provided:

List the items in your home that are in need of repair.

II. Household Data

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

III. Household Income

List income earned by all household members.

Household Member	Annual Adjusted Amount	Source of Income

Total Earned Income: \$ _____

List all non-earned income

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

Total Unearned Income \$ _____

IV. APPLICANT CERTIFICATIONS

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 my eligibility to receive financial assistance, and that false and 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 requested in writing, by either the applicant or an officer or employee of the housing department or other federal agency requiring it in the performance of their duties.

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: Full Home Rehabilitation 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: _____

Privacy Act Statement

Part 256 of 25 CFR, established under the mechanism of the Snyder Act, 25 USC 13, provides for the collection of this information. The primary use of this information is by an officer or employee of the Federal or Tribal housing office to determine eligibility for a grant for services provided under HUD-assisted programs. Additional disclosures of the information may be to a HUD employee in the conduct of a program review or audit, or to a Federal Law enforcement agency when the agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is required to establish eligibility for your participation in the program.



**Osage Tribal Works Department
Housing Program
627 Grandview
Pawhuska, OK 74056
Phone: (918) 287-5310**

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: _____.



**Osage Tribal Works Department
Housing Program
627 Grandview
Pawhuska, OK 74056
Phone: (918) 287-5310**

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: _____.