



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

Dear Homebuyer Applicant:

Please read and thoroughly complete each section of the application. To avoid any processing delays, please submit all supporting documentation available; you may use the following as a checklist:

1. Completed Application
2. CDIB cards for everyone in household
3. Copies of Osage Nation Membership Card; if applicable
4. Photo Identification of all adults in household
5. Social Security Cards for everyone in household
6. Birth Certificates for everyone in household
7. ALL sources of Income (paystubs, retirement, pension, Social Security etc...)
8. A copy of current Federal Tax Return (Signed 1040 Tax Form) or a Notarized Affidavit
9. Verifiable Disability/Handicap Status (Physicians Statement, SSI or VA Award Letter)
10. Verification of Veteran status
11. Signed Release of Information, per adult in household

If you have any questions concerning this application, you may contact the Housing Program (800) 490-8771 or (918) 287-5310. Our office hours are 8:00 am – 4:30 pm Monday thru Friday.

Sincerely,

Amy L. Dobbins
Osage Nation Housing Program Coordinator



OSAGE NATION HOMEOWNERSHIP PROGRAM

APPLICATION FOR HOMEOWNERSHIP

Complete this application with all details. This information is the basis for the selection of all residents. This application is part of your permanent resident file. Do not use 'N/A' or Not Applicable.

1. APPLICANT NAMES

Head of Household (Name, Age and Social Security Number)

Co-Head of Household (Name, Age and Social Security Number)

2. CURRENT ADDRESS INFORMATION

Current Address (Include; Street, City, State and Zip Code)

Telephone Number () _____

3. LIST LEGAL NAMES OF ALL MEMBERS WHO WILL BE LIVING IN THE HOME BEGINNING WITH HEAD OF HOUSEHOLD:

Full Legal Name	Relationship	Birth Date	Age	Occupation	Social Security No.
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4. GENERAL INFORMATION:

Have you ever relinquished ownership of a Mutual Help home? Yes ___ No ___
Do you request a unit with special design features for individuals with handicaps/or disabilities? Yes ___ No ___
Are you, or a member of your household, a currently enrolled member of the Osage Nation? Yes ___ No ___
Are you, or a member of your household, a Veteran of the United States armed forces? Yes ___ No ___

5. List three (3) locations in Osage County that you wish to reside:

1. _____ 2. _____ 3. _____

6. Please provide the name, address and phone number of your current landlord:

From _____ to _____

How many persons reside in your home? ____ How many bedrooms does your home have? _____

Please explain your reason for moving _____

7. HAVE YOU, YOUR CO-HEAD OF HOUSEHOLD OR FAMILY MEMBERS EVER BEEN:

- 1) Evicted from an apartment or home? Yes ___ No ___
- 2) Asked to vacate an apartment or home? Yes ___ No ___
- 3) Sued for non-payment of rent? Yes ___ No ___
- 4) Convicted of a felony? Yes ___ No ___

8. CURRENT SOURCE OF ALL INCOME FOR ALL HOUSEHOLD MEMBERS:

(Please list all income sources, including, but is not limited to, full and/or part-time employment, Public Assistance, Social Security, Pension, SSI, Military Pay, Unemployment Compensation, Disability Compensation, Child Support, Alimony, Annuities; and interest).

Household member Name	Employer / Income Source	Monthly amount	Annual

9. PERSONAL REFERENCES: (Other than family)

Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____

10. I understand that in order to remain on the waiting list, I will be required to update my application when notified by the Housing Department. _____Applicant Initials.

11. I/We, the applicant(s) hereby understand that upon completion of my application, I will be placed on a waiting list that corresponds with the location where I wish to reside. I/We further understand that it may be several years before a home becomes available at any location. _____Applicant Initials.

12. I/We, the applicant(s) certify that the housing I/we will occupy is/will be my permanent residence. I/we further certify that I do/will not maintain a separate home in a different location. _____Applicant Initials.

13. I/We the applicant(s) agree to give the management/owner the authority to investigate, my/our current and past rental record and all other information necessary to determine eligibility. I/we understand that any misrepresentation of information on this form will disqualify me/us from consideration for leasing to purchase and may be grounds for eviction. _____Applicant Initials.

14. I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge. _____Applicant Initials.

WARNING: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter, within the jurisdiction of any department of agency of the United States, makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined no more than \$10,000.00 or imprisoned no more than five years, or both.

Signature of Head of Household

Date

Signature of Co-Head

Date



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**AUTHORIZATION TO
RELEASE OF INFORMATION**

I hereby give permission for the Osage Nation Housing Program and other entities to release client information within Osage Nation Program and Services and other entities, to be used to benefit and to assist in determining my eligibility for services within them.

SIGNATURE	DATE
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ADDRESS	DATE OF BIRTH
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CITY	STATE	ZIP	SOCIAL SECURITY NO.
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{STATE OF OKLAHOMA}
{COUNTY OF _____}

Signed and sworn before me on the _____ day of _____, 20__.

Notary Public	Commission Number
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Com. Expiration Date



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