



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

SENIOR HOUSING APPLICATION

Senior Housing Applicant:

The Osage Nation provides maintenance free and affordable rental housing for low income elderly Native Americans. Rental amounts are based on household annual income. Eligibility and preferences are based on enrolled Osage applicants, age of applicants, Discharged Veterans of the US Armed Forces and applicants with disabled household members. If you are interested in residing in the Osage Nation Senior Housing Rental Complex, you may initiate the process by reading, completing each section of the attached application and submit, with all supporting documentation, to the Osage Nation Housing Program. To complete the application process, please use the following checklist:

- _____ Complete application
- _____ Osage Nation membership number
- _____ Copy of CDIB's (if not a member of the Osage Nation), Photo Id's and Social Security Cards for each household member
- _____ Signed copy of the current Federal Tax Return, 1040 Form or notarized tax affidavit
- _____ Verification of income – all household members
- _____ If applicable, attach copies of Disability Verification from a physician, S.S.A. or V.A.
- _____ If applicable, attach copies of DD – 214 forms from the Veterans Administration
- _____ Complete the Release of Information

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

Sincerely,

Amy L. Dobbins
Osage Nation Housing Program Coordinator



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I. Applicant Information

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

Length of Time at this Residence _____

Name, address, and phone number of current landlord:

Do you currently reside in government subsidized housing or receive government housing assistance?

_____ Yes _____ No

Do you have a pet?

_____ Yes _____ No

If yes, describe _____

Do you request a unit with special design features for disabled household members?

_____ Yes _____ No

Are any of the listed household members veterans?

_____ Yes If yes, please give date of discharge _____ No

If you are not 55 years of age or older, are you applying for occupancy in an elderly project based upon status as an individual with a handicap or disability?

_____ Yes _____ No

II. Household Data

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

Have you or your co-resident ever been:

Evicted from an apartment? Yes _____ No _____

Asked to vacate an apartment? Yes _____ No _____

Sued for non-payment of rent? Yes _____ No _____

Convicted of a felony? Yes _____ No _____

Required to register as a sex offender? Yes _____ No _____ Name: _____

A user of a controlled substance, or convicted of possession of a controlled substance? Yes _____ No _____

Convicted of the illegal manufacture or distribution of a controlled substance? Yes _____ No _____

If the answer to any of the above questions is yes, please explain _____

III. Household Income

List all annual earned income

Household Member	Annual Earned Income	Source of 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

15. In case of an emergency, please notify:

Name _____ Relationship _____

Address _____ Telephone (____) _____

In case of a serious illness, accident or death, is this person authorized to enter and remove all of resident's personal property? Yes _____ No _____

16. I understand this application is valid for 12 months only, In order to remain on the waiting list, I understand it is my responsibility to update my application on an annual basis and when notified by the Osage Nation. _____Applicant Initials

17. 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

I/We the applicant(s) agree to give the management/owner the authority to investigate my/our credit rating, my/our current and past rental record, conduct criminal background checks 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 and may be grounds for eviction. _____Applicants Initials

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

I/We 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 also understand that my household is eligible to receive assistance under this program once every five (5) years of the household's composition. I understand that I have the right to appeal any adverse decision regarding my request for assistance to the Osage Tribal Housing Department through the grievance policy and procedure governing housing programs. I have read and fully understand the policy and guidelines provided with this application.

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: Emergency Home Repair 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.

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 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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