



**Osage Nation Tribal Works Department  
Housing Program**

PO Box 147  
Hominy, OK 74035  
Phone: (918) 287-5310  
Fax: (918) 287-5568

Dear Osage Housing Assistance Applicant:

Please fill out the attached application completely so that an accurate determination of your needs and eligibility can be made. Applications will not be considered complete until all required documentation has been received. Incomplete applications will not be processed.

- \_\_\_\_\_ Completed application form
- \_\_\_\_\_ Osage Nation membership number for each member of the household
- \_\_\_\_\_ Copy of photo identification for each adult in the household
- \_\_\_\_\_ Copy of social security cards for each household member
- \_\_\_\_\_ Copy of proof of ownership (Warranty Deed, Use Permit, etc.)
- \_\_\_\_\_ Verification of income for each household member over the age of 18  
(SST/Social Security, IIM, paystub, child support, VA, etc.)
- \_\_\_\_\_ Copy of Federal Tax Return or notarized statement for those applicants who didn't file  
(please sign and date on second page of form 1040)

If you have any questions, please contact the Osage Nation Housing Program at (918) 287-5310 or (800) 490-8871 between 8:00 am and 4:30 pm (CST), Monday thru Friday. We look forward to serving you.

Thank you,

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Edward Zaun  
Osage Nation Tribal Works Director



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**OSAGE NATION HOUSING ASSISTANCE APPLICATION**

**I. Applicant Information**

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

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you own 100% interest in this home?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If no, please fill out below

Name of owner

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

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

**II. Spouse information**

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

**III. Household Data**

Name	Date of birth	Social Security #	Relationship	Membership #
			Self	

List all earned income

Name	Annual Earned Income	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	\$ /month

**Total combined annual income (earned + unearned)** \$ \_\_\_\_\_

**IV. HOUSING INFORMATION**

List the conditions of our home that require rehabilitation. Please provide details.

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**V. APPLICANT CERTIFICATIONS**

*Please read these certifications carefully before signing. Certifications must be signed in ink.*

I certify that all of 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 Federal and/or Osage Nation law, and that I may be subject to prosecution.

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: Osage Nation Housing 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 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 in a lifetime. I authorize the Osage Nation Housing Program to obtain necessary information from other sources to verify my information and establish my eligibility for assistance, and I hereby authorize such other sources to release necessary information. I agree to notify the Osage Nation Housing Program of any changes in personal resources, income, and living situation; all information provided is true and correct to the best of my knowledge. I have read and fully understand the policy guidelines provided with this application.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature (if appropriate): \_\_\_\_\_

Date: \_\_\_\_\_