



**Osage Nation Tribal Works Department  
Housing Program**

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

Dear Full Home 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 Card for all household members
- \_\_\_\_\_ 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
- \_\_\_\_\_ 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,

Edward Zaun  
Director



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**FULL 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:				
Marital Status:	Single	Married	Divorced	Widowed	Date of birth:

Do you own or rent your current dwelling?  Own  Rent

Do you live in one of the designated tribal villages?  
 Grayhorse  Hominy  Pawhuska (Please attach Use Permit from BIA)

Do you live on restricted land?  Yes  No

Does anyone in your household have a sever health problem, handicap or permanently disabled?  
 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.*  No

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

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)?

\_\_\_\_\_ Yes If yes, please give date, recipient's name, and the location of the house for which the assistance was provided:

\_\_\_\_\_  
 \_\_\_\_\_

Do you own more than one home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there an immediate emergency need for assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Number of bedrooms \_\_\_\_\_

Number of bathrooms \_\_\_\_\_

**II. Household Data**

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

**III. Household Income**

List income earned by all household members for the past three months. Please list exact amounts for each month

Date	Household Member	Employer	Gross/Net

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 Household Income (earned + unearned): \$ \_\_\_\_\_**

#### 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: \_\_\_\_\_

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

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.