



Osage Nation Housing Department

PO Box 147

Hominy, Oklahoma 74035

Phone: (918) 287-5310

Fax: (918) 287-5568

Dear Homeowner:

Emergency Home Repair Assistance funding is available. Please fill out the application "**completely**" so that an accurate determination to your needs can be made. Answer all questions on the application. The following supporting documentation is required:

- 1. Application Form** (original; no copies or faxes)
- 2. CDIB Card(s) for all family members**
- 3. Photo Identification for all adults in household**
- 4. Social Security cards for all family members**
- 5. Proof of ownership** (Warranty Deed, Use Permit from BIA Realty)
- 6. Proof of Residence** (Recent utility bill in the name of applicant)
- 7. Verification of all income for all persons over 18 yrs.** (SSI/Social Security, IIM, paystub, child support, V.A. etc.)
- 8. 2007 Federal Tax Return** (1040 Form) **If did not file need a notarized statement of the fact and reasons didn't file**
- 9. Release of Information** (2 gold sheets per adult in household; notarized)

If you have any questions you may contact the Housing Department (918) 287-5310, toll free 1-800-490-8771. Our office hours are from 8:00 am – 4:30 pm, Monday thru Friday.

Sincerely,

Linda Arnold
Intake Specialist / Data Entry

**OSAGE TRIBAL HOUSING DEPARTMENT
AIR CONDITIONER ASSISTANCE PROGRAM
EMERGENCY REHABILITATION PROGRAM**

This Policy and Procedure will be part of the Housing Department's Rehabilitation Program. In order to be considered for assistance, you must submit the following items:

- A **completed** Osage Tribal Housing Department Emergency Rehabilitation and Air Conditioner Assistance Program application;
- Certification of a handicap or disability from two different sources (if applicable);
- Copy of a Certified Degree of Indian Blood (CDIB); Social Security cards
- Proof of ownership (in the form of a warranty deed or land contract) of the home proposed for assistance; and
- Proof of income in the form of an income tax return. If you do not have this form, you must sign and notarize a statement indicating the reason why you did not file for taxes. The Housing Department cannot accept wage stubs or W-2 statements as proof of income.

In order to receive program assistance, you must:

- Meet the Department of Housing and Urban Development's definition of low-income; please consult the Housing Department regarding guideline amounts;
- Be elderly (sixty-two years old or older) or suffering from a disabling condition that is verifiable through two different sources;
- Live with-in the Osage Tribe's housing service area (Osage County); and
- Submit a **completed** application (including all supporting documentation) to the Osage Tribal Housing Department, P.O. Box 147, Hominy, Oklahoma 74035 (three miles north of Hominy, Oklahoma, located in the Osage Nation Industrial Park).

When allocating program resources, the Housing Department will affix priority consideration to the following categories:

- Osage Tribe descent;
- The Elderly (persons age 62 and over) and/or handicapped and disabled;
- Families with minor children;
- Persons with very low household incomes (DHS Poverty levels);
- Veterans, and
- Native American families

The Housing Department will distribute program resources until moneys reserved for the program are exhausted.

If you have any questions about the Air Conditioner Assistance Program, please call **Kenny Whinery** of the Osage Tribal Housing Department at 1-800-490-8771. If you are elderly, homebound, or otherwise need assistance in completing the necessary forms, please contact the Housing Department and we will arrange for a home visit.

Thank you in advance for observing these guidelines and for ensuring a fair distribution of Housing Department resources.

**OSAGE TRIBAL HOUSING DEPARTMENT
AIR CONDITIONER ASSISTANCE PROGRAM
POLICY AND PROCEDURES**

The Osage Tribal Housing Department can relieve elderly and/or verifiably disabled persons from heat-related stress and exhaustion through the Air Conditioner Assistance Program.

This Policy is for the Air Conditioner Assistance Program only. All applicants shall adhere to the following guidelines:

A. Eligibility Criteria

1. Must meet HUD income guidelines and document household income by providing signed copies of income tax returns (or, you must sign and notarize a statement listing the reasons why you did not file a tax return).
2. Must present proof of ownership (in the form of a warranty deed or land contract) of the home proposed for assistance.
3. The applicant must be elderly (age 62 or older) or suffering from a handicap or disability. Disability status must be verified through two sources, including determinations from a medical professional, the Indian Health Service, and/or the Social Security or Veterans Affairs Administration.

B. Priorities

1. The Housing Department will affix priority consideration to applicants who are descendants of the Osage Tribe of Oklahoma who provide supporting documentation in the form a Certified Degree of Indian Blood (CDIB) card. If available resources exceed the number of eligible Osage Tribal applicants, the Housing Department will allocate resources to eligible Native Americans.
2. Among eligible households, the Housing Department will affix priority consideration to elderly and/or physically impaired households with children.

C. Limitations

1. Funding under this program is available only to households residing within the Osage Tribe's service area (Osage county).
2. A completed application for assistance under the Air Conditioner Emergency Rehabilitation Assistance Program must be submitted.
3. **The air conditioner units dispensed by the Housing Department shall be in the 7,000 – 10,000 BTU range and lack the capacity to cool an entire house. The Housing Department intends the units merely for a single room and to relieve an individual person from the effects of the heat.**

4. The Housing Department will accept applications for assistance from May 1 to September 1 of each year or, until appropriate weather conditions elapse or, until funds allocated for the program have been exhausted.
5. Each applicant and his or her household are eligible to receive assistance only once in a five (5) year period.

D. Implementation

1. The Housing Department will purchase the air conditioner units and any other necessary materials for each individual project. No moneys will be granted directly or sub-loaned to individual applicants.
2. The Housing Department will notify eligible households by mail or phone of their eligibility under the program's guidelines and will advise the applicant of the day, time, and location where they can retrieve an air conditioning unit. The Housing Department will deliver and install the air conditioning units for the elderly and disabled households only. The Housing Department will not be liable for faulty wiring in the home or lack of electrical outlets.

E. Appeals

1. An applicant may appeal a denial of service or an unsatisfactory amount of grant assistance by way of the grievance policy governing all programs administered by the Osage Tribal Housing Department. A copy of the grievance petition and attendant policies and procedures may be obtained from the Housing Department office, located three miles north of Hominy, Oklahoma in the Osage Nation Industrial Park, P.O. Box 147, Hominy, Oklahoma 74035.

**OSAGE TRIBAL
HOUSING DEPARTMENT
APPLICATION FOR EMERGENCY REHABILITATION
AND/ OR AIR CONDITIONING ASSISTANCE**

A. APPLICANT INFORMATION

1. NAME: _____
Last
First
MI

2. CURRENT ADDRESS: _____
Street Address

- _____
- _____
- _____
- City State Zip Code

3. TELEPHONE NUMBER: () _____

4. DATE OF BIRTH: _____

5. TRIBAL AFFILIATION: _____

INFORMATION ABOUT SPOUSE:

6. NAME: _____
Last
First
MI

7. DATE OF BIRTH: _____

8. TRIBAL AFFILIATION: _____

B. FAMILY INFORMATION

9. List all other persons living in the household on a permanent basis. Start with the oldest member and provide name, date of birth, Social Security number, relationship to applicant, and tribe/roll number.

| <u>Name</u> | <u>Date of Birth</u> | <u>Social Security Number</u> | <u>Relationship to Applicant</u> | <u>Roll Number</u> |
|-------------|----------------------|-------------------------------|----------------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If you need more space, use a blank sheet of paper.

C. INCOME INFORMATION

10. Earned Income: Starting with the applicant, list all permanent family members, including all who are listed under Parts A and B and receive earned income.

| <u>Name</u> | <u>Annual Earned Income</u> | <u>Source of Income</u> |
|-------------|-----------------------------|-------------------------|
| | | |
| | | |
| | | |
| | | |

Total annual earned income = \$ _____

11. Unearned Income: Starting with the applicant, list all permanent family members, including all who are listed under Parts A and B and receive unearned income, such as social security, retirement, disability and unemployment benefits, child support and alimony, interest, etc.

| <u>Name</u> | <u>Annual Unearned Income</u> | <u>Source of Income</u> |
|-------------|-------------------------------|-------------------------|
| | | |
| | | |
| | | |
| | | |

Total annual unearned income = \$ _____

12. **Total Combined Annual Household Income (earned + unearned):** \$ _____

D. HOUSING INFORMATION

13. List items in your house that need emergency assistance or to be equipped with an air conditioner unit Provide address and detailed directions.

****Draw map on back of this Page****

14. In which room of the house do you want the air conditioning unit installed? _____

Which member of the household occupies this room? _____

15. To your knowledge, have you received housing assistance from any Department of Housing and Urban Development (HUD) program, or the Housing Improvement Program (HIP) administered by the Osage Tribal Housing Department in the last five (5) years?

_____ Yes _____ No. If yes, indicate amount, date, recipient's name, and the location of the house for which money was used: _____

16. Do you _____ own or _____ rent this house?

17. Does anyone in your family, who is a permanent resident listed under Parts A and B of this application, have a severe health problem, handicap, or permanent disability?
_____ Yes _____ No If yes, provide the person's name and briefly describe the disabling condition: _____

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

18. Is anyone in your family, who is a permanent resident listed under Parts A and B of this application, a Veteran? _____ Yes _____ No

E. APPLICANT CERTIFICATIONS

(Read these certifications carefully before you sign and date your application. Sign 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 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 in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties.

Applicant's Signature: _____

Date: _____

Spouse's Signature (if appropriate): _____

Date: _____

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 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.

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.