



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

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Dear Homeowner:

Housing Rehabilitation funding will be available soon. 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. Completed Application Form**
- 2. CDIB Card(s) for all household members**
- 3. Photo Identification for all adults in household**
- 4. Social Security cards for all household 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 income-All household members  
2007 Filed Tax Return, Affidavits, Award Letters check stubs,**
- 8. Release of Information (2 signed forms)  
IIM, Social Security, etc...**
- 9. 2 Physician's Statements verifying disability/handicap  
SSI Letter, Veteran's Administration (if applicable)**

If you have any questions 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 REHABILITATION PROGRAM

## ELIGIBILITY REQUIREMENTS

1. Housing Rehabilitation grants may only be made to individuals whose homes are located within the Housing Rehabilitation Program service area under the Indian Housing Plan (NAHASDA), which is the Osage Reservation - Osage County, Oklahoma.
2. Eligibility requirements for participation in the Housing Rehabilitation Program:
  - A. Applicant (homeowner) must be Native American and must have a Certificate of Degree of Indian Blood.
  - B. Applicant must own the home or be in the process of buying the home, such as a conventional mortgage. A valid deed is necessary. (Requirement of **warranty deed, use permit from BIA Realty Department for trust property**)
  - C. Applicant must be the permanent, non-seasonal resident (at least nine (9) months per year) of the home and be able to present proof of such condition. (Requirement of recent utility bill)
  - D. Applicant must meet the requirements of the HUD low and moderate income guidelines as defined by the Native American Housing Assistance and Self-Determination Act of 1996, Final Rule:

Annual income means, as determined by the Osage Tribe:

Adjusted gross income as defined for purposes of reporting under Internal Revenue Service (IRS) Form 1040 series for individual Federal annual income tax purposes.

- E. Substandard Housing – Present housing is substandard or inadequate in terms of capacity to meet the physical needs of the family. The present housing **can** be rehabilitated (cannot be beyond economically feasible repair, or cannot need replacement)
- F. Previous service – applicant can only **receive service once** every five (5) years, except in instances of imminent threat, natural disasters, and acts of God, which will be determined on a case-by-case basis.
- G. Applicant cannot own more than one home to be eligible for housing rehabilitation.

## **APPLICANTS INCOME**

1. Applicant income is the most important factor in determining need. The entire scope of the program, as well as the national objective, is to serve low-income households.
2. Income of applicant is based upon entire household income. Each member that lives in the applicants home and has a source of income, both earned and unearned, must report such in the application. Verification of income must be a filed Federal income tax form, headright payment schedules (IIM), pension statements and social security award letters.

If the applicant did not file a tax form (statement), he/she must submit a notarized statement explaining why they did not.

# OSAGE TRIBAL HOUSING REHABILITATION PROGRAM

This application is subject to the Privacy Act of 1974, Pub. L. 93-579. Please fill out completely

Date of Application \_\_\_\_\_

NAME \_\_\_\_\_  
Last First MI Maiden

PHYSICAL ADDRESS AND DIRECTIONS (if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_ TRIBE \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widow \_\_\_\_\_ Other  
If other, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you own your home? (circle one) Yes No  
(Please attach General Warranty Deed)

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

Do you live on restricted land? (circle one) Yes No

Does anyone in the household have a handicap/disability? (circle one) Yes No  
(Please attach physician's statement)

Have you received housing assistance in the past 5 years? (circle one) Yes No

Has your home been repaired through any housing assistance program? Yes No

Do you own more than one home? (circle one) Yes No

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

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

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

**FAMILY INFORMATION**

LIST ALL HOUSEHOLD MEMBERS (Please provide copy of social security card for each)

NAME	DATE OF BIRTH	RELATIONSHIP

(Use back if necessary)

**INCOME INFORMATION**

LIST ALL HOUSEHOLD INCOME (Begin with applicant, attach all documents verifying this information: Previous year Federal Tax Return, SSI, SS, VA award letters, IIM statement, etc.)

NAME	SOURCE OF INCOME	ANNUAL GROSS INCOME

(Use back if necessary)

TOTAL ANNUAL INCOME \$\_\_\_\_\_

**APPLICANT CERTIFICATION**

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.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SPOUSE / CO-APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_



**Osage Nation**  
**Housing Department**  
 Osage Nation Industrial Park  
 P.O. Box 147  
 Hominy, Oklahoma 74035

**AUTHORIZATION TO  
 RELEASE OF INFORMATION**

I hereby give permission for the Osage Nation Housing Department and other entities to release and receive 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.

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SIGNATURE DATE

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ADDRESS DATE OF BIRTH

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CITY      STATE      ZIP SOCIAL SECURITY NO.

**{STATE OF OKLAHOMA}**  
**{COUNTY OF \_\_\_\_\_}**

Signed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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Notary Public Commission Number

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Com. Expiration Date