



**Osage Nation Housing Department
PO BOX 147
Hominy, OK 74035
Phone: (918) 287-5310
Fax: (918) 287-5568**

Dear Homebuyer Applicant:

Please read and complete this entire application. To avoid any delays, please submit “ALL” supporting documentation available. Use the following as a checklist:

- 1. Completed Application**
- 2. CDIB cards for everyone in household**
- 3. Marriage License or Divorce Decree; if applicable**
- 4. Photo Identification of all adults in household**
- 5. Social Security Cards for everyone in household**
- 6. Birth Certificates for everyone in household**
- 7. ALL sources of Income (2007 Signed 1040 Tax Form, Notarized Affidavit, SSI, paycheck stubs)**
- 8. Verifiable Disability/Handicap Status (Physicians Statement, SSI or VA Award Letter)**
- 9. Signed Release of Information (2 signed sheets per adult in household)**

If you have any questions concerning this application you may contact the Housing Department (800) 490-8771 or (918) 287- 5310. Our office hours are 8:00 am – 4:30 pm Monday thru Friday.

Sincerely,

**Linda Arnold
Intake Specialist / Data Entry**

**HOUSING DEPARTMENT OF THE OSAGE NATION
OSAGE NATION HOMEOWNERSHIP PROGRAM
P.O. BOX 147
HOMINY, OK
800-490-8771**

Date Received _____

Time Received _____

APPLICATION FOR HOMEOWNERSHIP

Complete this application with all details. This information is the basis for the selection of all residents. This application is part of your permanent resident file. Do not use 'N/A' or Not Applicable.

1. APPLICANT NAMES

Head of Household (Name, Age and Social Security Number)

Co-Head of Household (Name, Age and Social Security Number)

2. CURRENT ADDRESS INFORMATION

Current Address (Including Street, City, State and Zip Code)

3. MARITAL STATUS _____ attach copy of marriage license or divorce decree, if applicable

Length of Time at this Residence _____ Telephone Number (____) _____

3. LIST LEGAL NAMES OF ALL MEMBERS WHO WILL BE LIVING IN THE HOME BEGINNING WITH HEAD OF HOUSEHOLD:

Full Legal Name	Relationship	Birth Date	Age	Occupation	Social Security No.
-----------------	--------------	------------	-----	------------	---------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. GENERAL INFORMATION:

Are you residing in government subsidized housing or receiving government assistance? Yes ___ No ___

Have you ever relinquished ownership of a Mutual Help home? Yes ___ No ___

Do you currently own a home or in the process of buying a home? Yes ___ No ___

Do you request a unit with special design features for individuals with handicaps/or disabilities? Yes ___ No ___

5. LIST WHAT AREA OF OSAGE COUNTY THAT YOU WISH TO RESIDE AT (THREE CHOICES):

1. _____
2. _____
3. _____

6. NAME, ADDRESS, AND PHONE NUMBER OF CURRENT LANDLORD:

From _____ to _____
How many persons reside in your home? ____ How many bedrooms does your home have? _____
Have you given your present landlord 30-day notice that you will be moving? Yes ____ No ____
Please explain your reason for moving _____

7. NAME, ADDRESS AND TELEPHONE NUMBER OF TWO PREVIOUS LANDLORDS:

From _____ to _____

From _____ to _____

8. HAVE YOU, YOUR CO-HEAD OF HOUSEHOLD OR FAMILY MEMBERS EVER BEEN:

1. Evicted from an apartment or home? Yes ____ No ____
2. Asked to vacate an apartment or home? Yes ____ No ____
3. Sued for non-payment of rent? Yes ____ No ____
4. Convicted of a felony? Yes ____ No ____
5. A user of a controlled substance, or convicted of possession of a controlled substance? Yes ____ No ____
6. 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 _____
If the answer to question number 5 or 6 is yes, have you/co-resident successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? Yes ____ No ____

9. CURRENT SOURCE OF ALL INCOME FOR ALL HOUSEHOLD MEMBERS:

(Please list all income sources, including, but is not limited to, full and/or part-time employment, Public Assistance, Social Security, Pension, SSI, Military Pay, Unemployment Compensation, Disability Compensation, Child Support, Annuities; and interest).

Name of Household Member	Name & Address of Employer or Name of Agency Providing Income	Gross Hourly Wage?	Gross Income Amount of Non-Earned Income	How Often are you paid?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Your business phone: (____) _____ Co-Head of Household business phone: (____) _____ If unemployed, you must complete a Statement of Unemployment.

Have you or a member of your household, ever been awarded and/or is receiving child support or **alimony**? Yes _____ No _____ If so, list the monthly amount: \$ _____

10. PERSONAL REFERENCES:(Other than family)

Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____

11. CREDIT REFERENCES:

Name and Address of Company _____ Account # _____ Amount of Payment _____

12. I understand that in order to remain on the waiting list, I will be required to update my application when notified by the Housing Department. _____ Applicant Initials

13. 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

NOTE:

1. After formal processing of this application has begun, the information reported and verified Will be updated every 90 days PRIOR to move-in.
2. A police check may be completed.
3. Copies of birth certificate or other proof of age will be required on all household members prior to initial occupancy.

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 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 to purchase and may be grounds for eviction.

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

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

For Statistical purposes only, we request that you please circle only one of the following:

White Black American Indian Alaskan-Native Asian Pacific Islander

Also designate: Hispanic Non-Hispanic

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against resident applications on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

The Osage Tribe does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



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 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.

SIGNATURE

DATE

ADDRESS

DATE OF BIRTH

CITY

STATE

ZIP

SOCIAL SECURITY NO.

{STATE OF OKLAHOMA}

{COUNTY OF _____}

Signed and sworn before me on the _____ day of _____, 200__.

Notary Public

Commission Number

Com. Expiration Date