



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

Dear Energy Assistance Applicant:

Please read and complete this entire application. Incomplete applications will not be processed. To avoid any delays, please submit “ALL” supporting documentation available. Incomplete applications will be returned to you. Use the following as a checklist:

1. Completed Application
2. CDIB cards/Membership for all household members
3. Photo Identification of each adult in household
4. Social Security Cards for all household members
5. Verification of income for the past 3 months
(SSI, Social Security, earned wages, IIM, Child Support etc.)
6. Current Utility Bill

*Be advised, this is merely an application for aid applied to your utility account. You should continue to pay your bill as usual.

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

Sincerely,

Amy L. Dobbins
Intake Specialist

IV. HOUSEHOLD INCOME :

1. List all earned income from employment for past 3 months, provide **exact amounts** for each month:

DATE	NAME	EMPLOYER	GROSS / NET Income

2. List all Non-Earned Income:

Supplemental Security Income (SSI):
Social Security:
AFDC/TANF:
Unemployment:
Child Support:
Headright or Land:

V. APPLICANT’S RIGHTS AND RESPONSIBILITIES:

1. I understand this application is valid for 30 days and timeframe allowed to process up to 30 days.
2. Federal law governing fraud: “Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick scheme or device, a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing on documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.”
3. All information obtained in this application process is protected under the Privacy Act (5USC 552 a), a copy of this document available to the applicant for their review upon their request.
4. If you are not satisfied with the decision, action or failure to act upon your request, you have a right to file an appeal. Applicants will receive a letter of notification within 30 days.



MY SIGNATURE BELOW ACKNOWLEDGES THE FOLLOWING:

I have read and understand the above statements #1 – 4 within applicant’s rights and responsibilities; I authorize the Osage Nation Housing Department to obtain necessary information from other sources to establish my eligibility for assistance. I agree to notify the Osage Nation Housing Department of any changes in personal resources, income and living situation; all information provided is true and correct.

Applicant’s Signature

Date



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UNEMPLOYMENT STATEMENT

To Whom It May Concern: Date: _____

I, _____, have been unemployed from
_____ through _____ reason being _____

Other information / dates needed: _____

Signature: _____

{State of OKLAHOMA}
{County of OSAGE}

On this _____ day of _____, 2010 before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared _____ to me known to be the identical persons and acknowledged to me that they executed the same as their free and voluntary act and deed, for the used and purposes therein set forth.

Given under my hand and seal the day and year last above written.

NOTARY PUBLIC

Commission expiration: _____.

Commission number: _____.