



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

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**Dear Senior Housing 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 (verifying Osage descent)**
- 3. Photo Identification of all adults in household**
- 4. Social Security Cards for everyone in household**
- 5. 2007 Federal Tax Return 1040 Form or Notarized Affidavit**
- 6. ALL sources of Income (IIM, SSI, Social Security, Retirement etc.)**
- 7. Verifiable Disability/Handicap Status (Physicians Statement, SSI or VA Award Letter)**
- 8. Signed Release of Information**

If you have any questions concerning this application feel free to 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  
SENIOR HOUSING COMPLEX  
Pawhuska, OK  
918-287-5310**

**Date Received** \_\_\_\_\_

**Time Received** \_\_\_\_\_

**APPLICATION FOR RENTAL**

Please complete this application with all relevant details. This information provides the basis for the selection of all residents. This application becomes 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)

\_\_\_\_\_

Length of Time at this Residence \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**3. LIST LEGAL NAMES OF ALL MEMBERS WHO WILL LIVE IN THIS APARTMENT BEGINNING WITH HEAD OF HOUSEHOLD:**

Full Legal Name	Relationship	Birth Date	Age	Occupation	Social Security No.
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**4. GENERAL INFORMATION:**

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

Do you have a pet? Yes \_\_\_ No \_\_\_ If yes, describe \_\_\_\_\_

Are you currently a student? Yes \_\_\_ No \_\_\_ If yes, Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

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

Do you request any accommodations for individuals with handicaps or disabilities? Yes \_\_\_ No \_\_\_

If yes, please describe \_\_\_\_\_

If you are not 55 years of age or older, are you applying for occupancy in an elderly project based upon your status as an individual with a handicap or disability? Yes \_\_\_ No \_\_\_

**5. 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 \_\_\_\_\_

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

From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

**7. HAVE YOU OR YOUR CO-RESIDENT EVER BEEN:**

- 1. Evicted from an apartment? Yes \_\_\_\_ No \_\_\_\_
- 2. Asked to vacate an apartment? 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 \_\_\_\_

**8. 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-Resident's 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: \$ \_\_\_\_\_

**9. CHILD CARE EXPENSES:**

Do you pay for childcare due to job hunting, employment or schooling? If yes, list child care provider names, address and phone number:

COST:  
Week \$ \_\_\_\_\_ Per Month \$ \_\_\_\_\_

**10. MEDICAL EXPENSES: (Elderly and Handicapped Families Only):**

Are you receiving Medicare benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you receiving Medical Assistance through the Welfare Department? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pay for any medical insurance/hospitalization, such as Blue Cross, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name of Insurance Company and Policy number.

Name of Insurance \_\_\_\_\_

Policy Number: \_\_\_\_\_ Is this a payroll deduction?

Yes \_\_\_\_\_ No \_\_\_\_\_ If paid directly by you, indicate amount of premium and frequency of

Payment \_\_\_\_\_

Do you take Prescription drugs on a Regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you anticipate any health care related expenses for the next twelve (12) months, which are NOT covered by health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, explain \_\_\_\_\_

**11. HANDICAP ASSISTANCE EXPENSE**

Does the household pay for attendant care or auxiliary apparatus to enable a family member (including the handicapped or disabled member) to be employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, estimate expense for the coming year \$ \_\_\_\_\_

Specify attendant care or apparatus: \_\_\_\_\_

Additional information will be gathered on a separate form.

**12. AUTOMOBILE(S):**      Make                      Model                      Year                      Lic. Plate #                      Driver's lic #

\_\_\_\_\_

**13. PERSONAL REFERENCES:(Other than family)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**14. CREDIT REFERENCES:**

Name and Address of Company                      Account #                      Amount of Payment

\_\_\_\_\_

\_\_\_\_\_

**15. In case of an emergency, please notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

In case of a serious illness, accident or death, is this person authorized to enter and remove all of resident's property? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Where did you hear about this apartment complex?

17. I understand that in order to remain on the waiting list, I will be required to update my application when notified by management. \_\_\_\_\_Applicant Initials

18. 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 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 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
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\_\_.

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Notary Public

Commission Number

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Com. Expiration Date