



**Osage Nation Financial Assistance Department**

627 Grandview Avenue  
Pawhuska, OK 74056  
Phone: (918) 287-5325  
Fax: (918) 287-5593

Dear Energy Assistance Applicant:

The Energy Assistance Program operates on a fiscal year (October through September) and serves low-income Native American households within the Osage Reservation (Osage County) by providing residential energy assistance. The program is not an emergency program, you should continue to pay your utility bills. This program provides financial assistance applied to the energy bill and is seasonal. Please read and complete each section of the attached application. Completed applications contain the following attachments:

- \_\_\_ Complete, signed Energy Assistance Application
- \_\_\_ Photo Identification for each adult household member
- \_\_\_ Membership card or CDIB of federally recognized tribe, for each household member
- \_\_\_ Social Security card, for each household member
- \_\_\_ Current Energy bill
- \_\_\_ Verification of household income, for the thirty (30) days prior to the date on this application
- \_\_\_ If applicable:
  - \_\_\_ Verification of homeownership, if requesting HVAC repair or replacement  
(General Warranty Deed, Contract for Deed, Manufactured Home Title, BIA permit, Lease to Purchase)

Incomplete applications will be mailed back to the applicant. Please read the applicant's Rights and Responsibilities. You may submit the application via email to [financial-assist@osagenation-nsn.gov](mailto:financial-assist@osagenation-nsn.gov) or fax to (918) 287-5593, or mail / deliver to the office at 239 W. 12<sup>th</sup> Street Pawhuska, Oklahoma. Office hours are Monday – Friday 8:00 am to 4:30 pm, excluding holidays.

For questions please call 918-287-5325 / 888-822-1248. We look forward to assisting you.

Sincerely,

Andrea M. Kemble, Director  
Osage Nation Financial Assistance Department



## Energy Assistance Application

Applicant Information				
Last Name:	First Name:	MI:	Application Date:	
Physical Street Address:	City:	State:	Zip	County:
Mailing Address: (Street or PO Box):	City:	State:	Zip	Email Address:
Federally Recognized Tribe:		If Osage, Membership No.:		Phone:
Date of birth and age:	Veteran: Yes or No	Disabled: Yes or No	Child in the household 9 yrs. old or younger? Yes or No	

Last, First Name	Age	Social Security Number	Veteran Yes / No	Disabled Yes/No
1.				
2.				
3.				
4.				
5.				

Household Income				
(If you do not receive the income source, ENTER 0, do not leave any source blank)				
Income	Applicant	Household Adult	Household Adult	Household Adult
Wages (Net)	\$	\$	\$	\$
Self-Employment	\$	\$	\$	\$
Contract	\$	\$	\$	\$
SSA or SSI	\$	\$	\$	\$
Retirement/Pension Benefits	\$	\$	\$	\$
Rental Property Income	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$
Each Adult Initials:				

If an adult listed on this application is listing zero income please complete the following:

Receive TANF   
  Receive GA   
  Receive Headright Income   
  Other: \_\_\_\_\_



**I. Applicant Rights and Responsibilities**

I understand my completed application will be processed within ten (10) business days and I shall receive a denial or approval letter. The approval letter will include benefit amount and vendor information. If the application is denied, I will receive a notification letter stating the reason and information detailing the appeals process. I understand that I have ten (10) business days to appeal.

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.”

The information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant’s information may be released to other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: Osage Nation Energy Assistance is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

If you have any information about possible fraud, waste or the misuse of LIHEAP funds, please help us eliminate it by calling Health and Human Services Fraud Alert hotline. 1(800) HHS-TIPS, 1 (800) 477-8477 or Visit the Website: <https://forms.oig.hhs.gov/hotlineoperations/nothhsemployeeen.aspx> or contact them by Mail: US Department of Health and Human Services, Office of Inspector General, ATTN: OIG HOTLINE OPERATIONS, PO Box 23489, Washington, DC 20026

**I. Release of Information**

I have read and understand the above statements, and understand the program policy is available for public review on the Osage Nation website. I authorize the Osage Nation Financial Assistance Department to obtain necessary information from other sources to determine my eligibility for assistance. I agree to notify the Osage Nation Financial Assistance Department of any changes in the information provided on this application, and that all information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Spouse / Significant Other

\_\_\_\_\_  
Date

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