



**Osage Nation
Housing Department**

627 Grandview
Pawhuska, OK 74056
Phone: (918) 287-5310
Fax: (918) 287-5568

Dear Storm Shelter Assistance Applicant:

Please fill out the attached application completely, applications will not be considered complete until all required documentation has been received. Incomplete applications will not be processed. The Storm Shelter Program operates on funding provided by Osage Nation Congress serving Osages Nationwide.

- _____ Completed application form
- _____ Copy of Osage Nation membership card for each member of the household
- _____ Copy of photo identification for each adult in the household
- _____ Copy of social security cards for each household member
- _____ Copy of proof of ownership (Warranty Deed, Use Permit, etc.)
- _____ Bid/Invoice for installation/repairs of storm shelter
- _____ W9 and Direct Deposit information for contractor payment
- _____ Proof of installation/repair upon completion

The Housing Department is located inside the Welcome Center, at 239 W. 12th Street Pawhuska, Oklahoma. Office hours are Monday – Friday 8:00 am to 4:30 pm, excluding Osage Nation holidays. For questions please call 918-287-5310 / 888-490-8771, fax 918-287-5568 or email housing@osagenation-nsn.gov. We look forward to assisting you.

Sincerely,

Talee Redcorn
Director of Housing



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STORM SHELTER ASSISTANCE APPLICATION

I. Applicant Information

Name:	Last	First	MI	Date:	
Physical Address:	Street	City	State	Zip	Phone:
Mailing Address:	Street	City	State	Zip	Osage Membership number:
Email Address:	Date of birth:				

Are you requesting new installation of a storm shelter? Yes No
 Are you requesting repairs to an existing storm shelter? Yes No

Please select the type of shelter/safe room:

Above ground Below ground In garage/home

Earthquake room Tsunami room Hurricane shelter

Other, please explain: _____

Do you own 100% interest in this home? Yes No

If no, please fill out below

Name of owner

II. Spouse information

Name:	Last	First	MI	Date:
Physical Address:	Street	City	State	Zip
Mailing Address:	Street	City	State	Zip
Email Address:				If Osage, membership number:
				Date of birth:

III. Household Data

Name	Date of birth	Social Security #	Relationship	Membership #
			Self	

IV. HOUSING INFORMATION

List the conditions of your existing shelter that require repairs. Please provide details.

V. APPLICANT CERTIFICATIONS

Please read these certifications carefully before signing. Certifications must be signed in ink.

I certify that all of 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 eligibility to receive financial assistance, and that false

or misleading statements may constitute a violation of Federal and/or Osage Nation law, and that I may be subject to prosecution.

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 Housing 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.

I fully understand that submission of an application does not guarantee receipt of assistance, and that resources will be allocated or withheld according to availability of funds, the characteristics and living environments of other applicants, and other valid considerations. I also understand that my household is eligible to receive assistance under this program for one physical address. I authorize the Osage Nation Housing Department to obtain necessary information from other sources to verify my information and establish my eligibility for assistance, and I hereby authorize such other sources to release necessary information. I agree to notify the Osage Nation Housing of any changes in personal resources, income, and living situation; all information provided is true and correct to the best of my knowledge. I have read and fully understand the policy guidelines provided with this application.

Applicant's Signature: _____

Date: _____

Spouse's Signature (if appropriate): _____

Date: _____