



## Osage Nation Housing Department

627 Grandview Avenue

Pawhuska, OK 74056

Phone: (918) 287-5310

Fax: (918) 287-5568

Email: [housing@osagenation-nsn.gov](mailto:housing@osagenation-nsn.gov)

Dear Elder Rental Assistance Applicant:

The Elder Rental Assistance Program provides temporary rental assistance to qualified elder members of the Osage Nation who are 55 years of age or older, have experienced a recent rent increase, and have limited or fixed incomes. Special consideration for Osage members under 55 who have limited or fixed incomes. This program was established by the Osage Nation Congress to support elders in maintaining stable housing and preventing displacement from unforeseen increases in rental costs. The program operates on a fiscal year basis (October 1 through September 30). Assistance is based on the current available tribal funding levels provided by the Osage Nation Congress. Payments will not exceed eighty percent (80%) of the documented rent increase.

### Duration Limits:

- No more than twelve (12) consecutive months of assistance; and
- No more than fifteen (15) months total over the applicant's lifetime.

Please read and complete each section of the attached application. Completed applications must include the following attachments:

- Complete and signed Rental Assistance Application
- Copy of Osage Nation Membership for applicant
- Copy of Photo ID for each **adult household member**
- Copy of the current lease agreement with the Osage member listed as a tenant
- Documentation verifying a rent increase within the last 90 days- i.e., letter from landlord, updated lease, or other official notice of rent increase
- Verification of household fixed income- Social Security Award letter, SSI, tax documents, or pension benefits

The Housing Department is located inside the Welcome Center at 239 W. 12<sup>th</sup> 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 / 1-800-490-8771; fax 918-287-5568 or email [housing@osagenation-nsn.gov](mailto:housing@osagenation-nsn.gov). We look forward to assisting you.

Sincerely,

Housing Director

## Elder Rental Assistance Application

Applicant Information			
Last Name:	First Name:	MI:	Application Date:
Physical Street Address:	City:	State:	Zip:
Mailing Address: (Street or PO Box):	City:	State:	Zip:
Osage Membership number:	Social Security Number:		Phone:

Last, First Name	Age	Social Security Number	Relationship to Applicant	Tribal Affiliation	Tribal Membership #
1.					
2.					
3.					
4.					
5.					
6.					

### Assistance Information

Do you currently participate in a Public Housing Program       Yes       No

Do you currently receive any subsidy for dwelling cost?       Yes       No

*(If yes, provide monthly amount: \$ \_\_\_\_\_)*

Are you 55 years or older?       Yes       No

If you are not 55 years or older, are you seeking special consideration due to fixed income and a recent rent increase?       Yes       No

Monthly Household Income		
Household Member Name:	Source of Income:	Monthly Amount received:
		\$
		\$
		\$
		\$
		\$
		\$
Total Monthly Income Received:		\$

### Applicants Rights and Responsibilities

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 Elder Rental 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 submitting an application does not guarantee receipt of assistance, and that resources will be allocated or withheld according to the 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 Osage Nation Housing

of any changes to my 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.

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Signature - Applicant

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Date

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Signature – Other Adult Applicant

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Date