



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

## HOME REHABILITATION RECERTIFICATION 2015

### I. Applicant Information

Name:	Last	First	MI		Date:	
Physical Address:	Street	City	State	Zip	Phone:	
Mailing Address:	Street	City	State	Zip	Tribe:	
Email Address:					If Osage, Membership number:	
Marital Status:	Single	Married	Divorced	Widowed	Cohabitant	Date of birth:

### II. Household Data

Household Members	Date of Birth	Social Security Number	Relationship	If Osage, Membership number

### III. Household Income

List income earned by all household members for the past three months. Please list exact amounts for each month

Date	Household Member	Employer	Gross/Net

List all non-earned income

Supplemental Security Income (SSI)	\$ /month
Social Security	\$ /month
AFDC/TANF	\$ /month
Unemployment	\$ /month
Child Support	\$ /month
Headright/restricted land	\$ /month

**Total Combined Annual Household Income (earned + unearned):** \$ \_\_\_\_\_

**Adjusted Gross Income** \$ \_\_\_\_\_

(Housing Program staff may help you calculate this amount)

### IV. Property

Is there anyone else that owns a share in this home?    YES    or    NO    (circle one)

If yes, then please provide the names of the other owners \_\_\_\_\_

\_\_\_\_\_

### V. Applicant recertification

I understand this recertification form is valid for one year only. I am required to recertify one year from the date of this form in order to receive assistance from the Osage Nation Housing Programs.

\_\_\_\_\_  
(Applicants initials)

I understand failure to submit all required documentation by the specified deadline will result in the recertification process being incomplete. My application will be deemed inactive and removed from the waiting list.

\_\_\_\_\_  
(Applicants initials)

I certify that all 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 my eligibility to receive financial assistance, and that false and misleading statements may constitute a violation of 18 U.S.C. 1001. This application

contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by either the applicant or an officer or employee of the housing department or other federal agency requiring it in the performance of their duties.

\_\_\_\_\_  
(Applicants initials)

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.

\_\_\_\_\_  
(Applicants initials)

The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: Full Home Rehabilitation 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.

\_\_\_\_\_  
(Applicants initials)

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature (if appropriate): \_\_\_\_\_

Date: \_\_\_\_\_