



Osage Nation Financial Assistance Department

627 Grandview Avenue Pawhuska, OK 74056

Phone: (918) 287-5325

Email: financial-assist@osagenation-nsn.gov

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)

You may submit the application by any of the following methods:

- Email to financial-assist@osagenation-nsn.gov ,
- Place in drop box at 239 W. 12th Street Pawhuska, Oklahoma
- Mailed to Financial Assistance 627 Grandview Pawhuska, OK 74056

We are unable to process incomplete applications, so they will be returned to you. Please read the applicant's Rights and Responsibilities within the application. We look forward to serving you.

Best Regards,

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 & Membership #:			Social Security Number:		Phone:		
Date of birth and age:	Gender:		Ethnicity:		Race:		

Household Member Information

Last, First Name	Age	Gender	Ethnicity	Race	Social Security Number	Veteran Yes / No	Disabled Yes/No
<i>Example: Doe, Jane</i>	<i>25</i>	<i>F</i>	<i>NHLSO</i>	<i>AIAN</i>	<i>999-99-9999</i>	<i>Yes</i>	<i>No</i>
1.							
2.							
3.							
4.							
5.							
6.							

**use the abbreviations below for the Gender, Ethnicity, and Race*

Gender	Ethnicity	Race
M = Self-Identified Male	HLSO = Hispanic, Latino, or Spanish Origins	AIAN = American Indian or Alaska Native
F = Self-Identified Female	NHLSO = Non-Hispanic, Latino, or Spanish Origins	A = Asian
O = Other	U = Unknown / Not Reported	B = Black or African American
U = Unknown / Not Reported		NHOPI =Native Hawaiian or Other Pacific Islander
		W = White
		M = Multi race (2 or more of the above)
		O = Other / Unknown

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	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$
Each Adult 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.

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
