

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:	c	MI:			Application Date:						
Physical Street Address:	City:		State:	Zip		County:					
Mailing Address: (Street or PO Box):	City:		State:	Zip		Email Address:					
Federally Recognized Tribe & Membersh	ip #: Social Secur		rity Number:			Phone:					
Date of birth and age:	Gender:		Ethnicity:			Race:					
	Household Member Information										
							Veteran	Disabled			
Last, First Name	Age	Gender	Ethnicity	Race	S	ocial Security Number	Yes / No	Yes/No			
Example: Doe, Jane	25	F	NHLSO	AIAN		999-99-9999	Yes	No			
1.											
2.											
3.											
4.											
5.											
6.											
*use the abbreviations below f	for the Can	dar Ethnici	ity and Page	2							
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	Assistance info	UI IIIa	поп					
1.	Have you received utility assistance from DHS sin	nce O	ctober 1st?		Yes		No	
2.	Do you receive a utility allowance?				Yes		No	
3.	Do you have a disconnect notice on the utility acc	count?			Yes		No	
4.	Is the utility currently disconnected?				Yes		No	
5.	Do you rent or own your home?				Rent		Own	
	☐ Rent with utilities billed separately☐ Other			Rent with util Unknown / N			n rental fe	
6.	Which type of utility assistance are you applying	for?						
	☐ Heating		□ Co	ooling				
	How do you heat your home? ☐ Natural gas ☐ Electric ☐ Wood ☐ Propane		How do you cool your home? ☐ Central A/C ☐ Window Units					
	Vendor:							
	Crisis Assistance:							
	□ Utility Cost [HVAC r	epair / replace	ment			
	If Utility Cost was selected which assistance type ☐ Heating ☐ Cooling	are yo	ou requesti	ng:				
you	are requesting crisis assistance please check all that	t apply	7:					
	Potential health threat to a vulnerable applicant ar	nd hou	sehold					
	Non-working heating or cooling equipment (repair and replacement available to homeowner's only)							
	Life-threatening crisis constitutes an energy burde	en that	may resul	t or create a n	nedical o	r healt	h emergen	

I. Applicant Rights and Responsibilities

If

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	