



Osage Nation Financial Assistance Department

627 Grandview Avenue

Pawhuska, OK 74056

Phone: (918) 287-5325

Financial-assist@osagenation-nsn.gov

Dear Osage Member:

The purpose of this temporary program is to provide financial assistance on behalf of Osage members responsible for household utilities, while the Osage member adjusts their monthly finances to afford the utility. Assistance is available to Osage members who do not qualify for federal program utility assistance.

The program is not an emergency program, please continue to pay your utility bills. The Osage Nation Treasury Department will issue the payment directly to the utility vendor. Please read and complete each section of the attached application. Completed applications contain the following attachments:

- ☐ Complete and signed application
- ☐ Current Energy bill in the name of the Osage member

You may apply with the digital online application or complete a paper application and email to financial-assist@osagenation-nsn.gov or mail / deliver to the office at 239 W. 12th Street Pawhuska, Oklahoma. Office hours are Monday – Friday 8:00 am to 4:30 pm, excluding holidays.

For questions please consult the FAQ's listed on the Osage Nation website or call 918-287-5325. We look forward to assisting you.

Best Regards,

Andrea M. Kemble, Director
Osage Nation Financial Assistance Department



Osage Utility Assistance Application

Applicant Information			
First Name:	Middle Initial:	Last Name:	Application Date:
Physical Street Address:	City:	State:	Zip
Email Address:			Phone Number:
Osage Nation Membership Number:			

Assistance Information

Have you received utility assistance from DHS since October 1st? ☐ Yes ☐ No

Have you received utility assistance from the Osage Nation since October 1st? ☐ Yes ☐ No

For which type of utility assistance are you applying? (Pick only one) ☐ Heating ☐ Cooling

How many Osage members reside in your household? _____

I understand I should continue to pay my utility bills accordingly. 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.

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.

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.

Osage Member Signature

Date