



**Osage Nation Financial Assistance Department
Homeowners Assistance Fund Program**

627 Grandview Avenue Pawhuska, OK 74056

Phone: (918) 287-0044

Email: HAF@osagenation-nsn.gov

Dear Osage Homeowner:

The Osage Nation Financial Assistance Department provides assistance to prevent mortgage delinquencies and defaults, foreclosures, loss of utilities or home energy services, and displacement of homeowners experiencing a financial hardship after January 21, 2020. This program is supported, in whole, by the American Rescue Plan Act and awarded to the Osage Nation by the U.S. Department of the Treasury. This is a onetime award, assistance is available until funds are depleted.

This program is administered as a first-come first-served method and provides assistance with mortgage/mortgage arrears, Utilities/utility arrears-electric, natural gas, propane, firewood, and water. Payment assistance for homeowner's insurance, flood insurance, and mortgage insurance. Delinquent property taxes to prevent tax foreclosure. Emergency home repairs to maintain the habitability of a home. Assistance is only available to homeowners living in the primary residence.

Eligibility

1. 18 years or older
2. Osage Nation Member
3. Homeowner (Osage member must be listed on the mortgage, Deed, Permit)
4. Attest to a negative impact from COVID 19 pandemic
5. Household income is at or below 100% of US Median Income or a Socially Disadvantaged homeowner with an annual income at or below 150% of Area Median

Please read and complete each section of the attached application. Incomplete applications will not be accepted. Completed applications contain the following:

- Complete and signed program application
- Legible copies of the Photo Identification of all adults in the household
- Legible copies of Social Security Cards of all household members
- Verification of monthly income for all adults in the household
- Verification of homeownership (Copy of recorded Deed, Contract for Deed, Title to Mobile Home, Lease to Purchase Agreement, BIA Permit, or letter from the BIA, Mortgage Contract).
- Invoices /estimates applicable to the homeowner's request for assistance (such as Mortgage statement, Electric, Water, Gas bills, Insurance policy/invoice, Property tax statement, (2) emergency repair estimates etc...)
- W9 form for each vendor whom is to be paid

The Financial Assistance Department is located at 239 W. 12th Street Pawhuska, Oklahoma. Office hours are Monday – Friday 8:00 am to 4:30 pm, excluding Osage Nation holidays. For questions please call 918-287-0044, 1-800-490-8771 (toll free), or email HAF@osagenation-nsn.gov. We look forward to assisting you.

Best regards,

Andrea M. Kemble, Director
Osage Nation Financial Assistance



Homeowners Assistance Fund Application

Section I: Osage Homeowner Information			
Last Name:	First Name:	MI:	Application Date:
Physical Street Address:	City:	State:	Zip Code: County:
Mailing Address: (Street or PO Box):	City:	State:	Zip Code: Email Address:
Federally Recognized Tribe: OSAGE NATION	Osage Membership No.:	Phone:	

Section II: Household Data							
Last, First Name	Date of Birth	Social Security Number	Relationship to Applicant	Veteran? Yes / No	Disabled? Yes/No	Enrolled Osage? Yes/No	Osage Membership #
1.			Self			YES	
2.							
3.							
4.							
5.							
6.							

Section III: Monthly Household Gross Income		
Adult Household Member Name:	Source of Income:	Monthly Gross Amount received:
		\$
		\$
		\$
		\$
		\$
(*Attach verification of monthly income above) Total Monthly Income:		\$

I choose to use the Adjusted Gross Income amount on my most recent Federal Tax Return: _____
 (Please attach a copy of the 1040 form in your federal return packet)

Section IV: Negative Impact and Attestation

1. Since January 21, 2020, how has the COVID-19 pandemic negatively affected your household's income or assets?

Check all that apply:

- Wages or hours reduced (including when due to need to care for sick household member or for children home from school or daycare) resulting in decreased income
- Currently am or have been unemployed
- Qualified for unemployment benefits
- Laid off or pause in work
- Sick and unable to work
- Loss of child support or spousal support
- Reduced payments from Osage Mineral Estate
- Other: _____
- I did not experience a reduction in income.

2. Since January 21, 2020, what significant increases in expenses have you had due to the COVID-19 pandemic?

Check all that apply:

- New or increased healthcare costs
- Remote or at-home work expenses
- Childcare or adult dependent care expenses
- Increased food or food delivery expenses
- At-home care for a household member ill from COVID-19
- Personal Protective Equipment (PPE) including masks
- Air quality (filters, ventilators) expenses
- Alternative transportation expenses due to COVID-19 transportation limitations
- Increased utility bills due to staying at home as a result of COVID-19
- Increased utility or heating costs in light of pandemic- related heating cost increasing
- Other additional expense: _____
- I did not experience an increase in expenses due to the pandemic.

Attestation:

Please describe in as much detail as possible, the nature of your COVID caused negative impact. A COVID caused negative impact is a reduction in income or increase in living expenses associated with the coronavirus pandemic, which created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities, or home energy services, or displacement of a homeowner.

Section V: Assistance Information

Check the boxes that apply to your housing-related financial distress from January 21, 2020 to present. Each situation may be a present issue and/or an issue experienced since January 21, 2020.

- Foreclosure:** I am currently in foreclosure on my primary residence.
- Payment:** I need assistance to pay my current monthly payment.
- Mortgage Reinstatement:** I need financial assistance to reinstate my mortgage related to: (select all that apply):
 - Forbearance
 - Delinquency
 - Default
- Insurance:** I need financial assistance for: (select all that apply):
 - Homeowner's insurance
 - Flood insurance
 - Mortgage insurance
- Utilities:** I am behind in payments to a utility provider(s): (select all that apply):
 - Gas services (including propane, firewood and home heating oil)
 - Electric
 - Water
 - Wastewater
- Fees and/or Taxes:** I need assistance to pay: (select all that apply):
 - Homeowner's association fees
 - Delinquent property taxes to prevent tax foreclosure
- Emergency Home Repair:** I need assistance to prevent displacement due to habitability concerns including (select all that apply):
 - Emergency Repairs for maintaining the home
 - Reasonable addition of habitable space to alleviate overcrowding

If you are requesting assistance for home repairs to maintain the habitability of your home, please indicate the type of emergency repair you need to maintain and stay in your home. (Check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Additional room to address overcrowding | <input type="checkbox"/> Structural / Foundation | <input type="checkbox"/> Handicap Accessibility |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical / HVAC |
| <input type="checkbox"/> Pest Control | | |

3. Have you received HAF funding from your state or any other entity for the same assistance which you are requesting within this application? (Duplicative Benefit).

- Yes No

If Yes, Agency providing assistance: _____ Type of assistance: _____

Amount of assistance: _____ Date assistance received: _____

Section VI: Applicants Rights and Responsibilities

Applicants Rights and Responsibilities:

Completed applications will be processed within ten (10) business days and a notice of acceptance or denial will be conveyed. The approval notice will include benefit amount and vendor information. If the application is denied, you will receive notification stating the reason and information detailing the appeals process. You 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 completed application and all details contained herein are a protected record under the Osage Nation Open Records Act. The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: HAF 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 have read and understand the above statements and I authorize the Osage Nation to obtain necessary information from other sources to determine my eligibility for assistance. I agree to notify the Osage Nation 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, under penalty of law.

Signature – Osage Homeowner

Date

Signature – Other Adult Applicant

Date
