



Osage Nation Financial Assistance Department

627 Grandview Avenue
Pawhuska, OK 74056
Phone: (918) 287-5325
Fax: (918) 287-5593

Dear Employment & Training Applicant:

The Employment & Training Program operates on a fiscal year (October through September) and serves low-income Native Americans within the Osage Reservation (Osage County) by providing temporary employment and training activities.

The following services are offered:

Education Assistance:

GED Completion
Adult Basic Education
Vocational Training
Occupational Training
Skills Training

Employment Assistance:

Employment Counseling
Job Search Assistance
Career Development
On-the-Job Training
Direct Job Placement

Cash Assistance:

General Assistance
TANF Assistance

All applicants must call and set up an appointment with a case worker to start the application process. Please allow (2) hours for this initial appointment and bring all required documentation. Our full policy is available online at financial-assist@osagenation-nsn.gov or can be provided upon request.

Please read and complete each section of the attached application. Completed applications contain the following attachments:

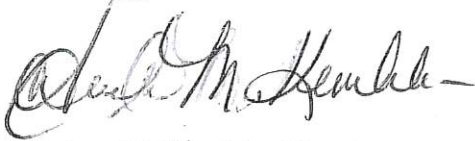
- ☐ Copy of an Osage Nation membership card for Osage Preference, or a non-Osage tribal membership card or CDIB for each person applicable
- ☐ Copy of photo identification of applicant
- ☐ Copy of Social Security card for applicant
- ☐ Proof of residency (current utility bill in applicant's name or certification of address form)
- ☐ Income verification for past 30 days from the date of this application, from each adult in family unit

If applicable, please also attach the following:

- ☒ For veteran status, a copy of the DD Form 214 - for purposes of benefit and services, a person who served in the active military service and who was discharged, or released, under conditions other than dishonorable is a veteran
- ☐ Selective Service (Male Applicants over the age of 18)

The Financial Assistance Department is located at 239 W. 12th Street Pawhuska, Oklahoma. Office hours are Monday - Friday from 8:00 am to 4:30 pm, excluding Osage Nation holidays. For questions please call 918-287-5325 / 888-822-1248, fax 918-287-5593 or email financial-assist@osagenation-nsn.gov. We look forward to assisting you.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrea M. Kemble", with a horizontal line extending from the end of the signature.

Andrea M. Kemble, Director
Osage Nation Financial Assistance Department



477 Assistance Application

I. Applicant 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:		If Osage, Membership No.:		Phone:		
Are you currently employed? YES or NO	Are you residing with someone? YES or NO	Do you pay shelter costs YES or NO		Is Physical Address in Osage County YES or NO		
Previous Client YES or NO Dates serviced: _____	Is this a 3 month Recertification ☐ Yes ☐ No			Household Information ☐ Single ☐ Family		

II. Employment Information

If you currently employed please list current employer and current salary:

Do you work less than 30 hours a week?
YES or NO

If you are unemployed briefly explain your reasoning:

If unemployed, please write the date of your last check: _____ Wage at last employment: _____

III. Type of Assistance Requesting

- ☐ Work Experience
- ☐ Classroom Training
- ☐ Rental Assistance
- ☐ Energy Assistance

- ☐ On-the-job Training
- ☐ Cash Assistance
- ☐ Other, please describe:

IV. Household Information

Full name	Social Security Number	Relationship to Applicant	Marital Status	Sex	Date of Birth	Age	Tribal Affiliation - OR- Membership #	Absent Parent	Teen Parent	Disabled	Veteran	Disabled Parent	Death of Parent	Unemployment of Parent
1.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
2.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
3.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
4.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
5.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
6.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								
7.														
Education: Last grade completed _____		Current Grade: _____				Current School: _____								

V. Income from the last 30 days from date of application date

*Wages, Salaries, Commissions (net)	\$
*Self-employed profit less business costs and normal deductions	\$
*Interest/Dividends	\$
Oil, gas, royalties	\$
Per capita distributions/Annuities	\$
Rental Property	\$
*Child Support and/or alimony	\$
Gaming winnings	\$
*Retirement benefits	\$
Veteran's disabilities	\$
*Unemployment benefits	\$
*SSA or SSI	\$
Workers Comp	\$
Insurance Settlements	\$
Welfare	\$
<u>Total Income in the last 30 days</u>	\$
Income from sale of trust land	\$
Income from sale of real or personal property	\$
IIM monies including surplus, grazing and interest	\$
<u>Total Income in the last 30 days</u>	\$
Federal Tax refund	\$
State Tax refund	\$
<u>Total Tax refund in the last 30 days</u>	\$

Application Procedure

1. Applications will be processed within ten (10) business days from the application completion date
2. Complete applications will be processed, to determine eligibility, within five (5) business days from the application completion date
3. Applications are considered complete when required documents, including application, forms, and inspections have required signatures, including notary information
4. After eligibility has been determined, applications will be processed within five (5) business days from the approval/denial date
5. Each applicant will receive an approval or denial letter within (10) business days of the application completion date
6. Applicants will have (10) business days from date of the denial letter to appeal decisions
7. If applications are not complete, the applicant will be notified within two (2) business days from the application date and the applicant will have three (3) business days to comply or the application will be considered incomplete and closed

I. Applicant Rights and Responsibilities

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 Financial 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.

II. Release of Information

I have read and understand the above statements and 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.

Client Signature

Date

Case Worker

Date

Office Use Only		
Application Completed Date		Staff initials
Approved or Denied Date		Director initials
Redetermination Date		



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UNEMPLOYMENT STATEMENT

To Whom It May Concern:

Date: _____

I, _____ have been unemployed from _____

to _____. I have been unemployed for the following reasons: _____

Unemployed household member

Date

{State of OKLAHOMA}

{County of OSAGE}

On this _____ day of _____, 2021 before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared _____ to me known to be the identical persons and acknowledged to me that they executed the same as their free and voluntary act and deed, for the used and purposes therein set forth.

Given under my hand and seal the day and year last above written.

NOTARY PUBLIC

Commission expiration: _____

Commission number: _____



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CERTIFICATION OF ADDRESS

I do hereby certify that:

Name: _____ (First) _____ (Middle) _____ (Last)

is residing at the following address: _____ Address

_____ City, State, Zip

I understand that any action taken by an individual that intentionally misrepresents, conceals, or withholds a material fact for the purpose of establishing or maintaining an applicant's eligibility for Financial Assistance benefits, is an intentional program violation. If a Financial Assistance staff member believes an individual is withholding or concealing information or receives a report of alleged fraud, the staff reserves the right to refer the case to the Director for further investigation and possible criminal prosecution.

Signature of Addressee

Print Name of Addressee

Date

{State of OKLAHOMA}

{County of OSAGE}

On this _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared

_____ to me known to be the identical persons and acknowledged to me that they executed the same as their free and voluntary act and deed, for the used and purposes therein set forth.

Given under my hand and seal the day and year last above written.

NOTARY PUBLIC

Commission expiration

Commission number

****This form must be accompanied by the a current energy (utility, gas, water) bill and a copy of the account holder's (Addressee) Driver's License or Photo I.D. Incomplete forms will not be accepted.**

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. ☐ Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.