

# Memorandum

**To:** Hualapai Tribal Members

**From:** Philbert Watahomigie, Vice-Chairman

*Philbert Watahomigie*

**Date:** 10/16/2014

**Re:** 2014 per capita payment

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The Hualapai Tribal Council has approved a Per Capita payment for all Tribal Members enrolled as of November 1, 2014. The payments will be made on or before December 15, 2014. Payments for minors can either be paid to the legal guardian via check or put into trust for the child's future benefit. The attached form must be submitted with proper documentation prior to November 15, 2014. If the application and proper documentation are not received prior to November 15, 2014 the funds will be put into trust for the child.

The amount per person has not yet been determined as it is dependent on the number of enrolled Tribal members on November 1, 2014.

Copies of the application are available at the Hualapai Administration Department.

If you have any questions please contact Wanda Easter at the Tribal Office.



HUALAPAI TRIBE

2014 Minor Per Capita Application

NAME OF LEGAL GUARDIAN/PARENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**THE CHILDREN LISTED BELOW ARE IN MY LEGAL CUSTODY AND DOCUMENTATION IS ATTACHED:**

*(FOR EACH CHILD BELOW, PLEASE CHECK THE BOX IF YOU WOULD LIKE TO RECEIVE A CHECK IN THE NAME OF THE LEGAL GUARDIAN ABOVE, OR, IF YOU WOULD LIKE THE FUNDS PUT INTO THE TRUST FUND FOR THE CHILD'S FUTURE BENEFIT.)*

CHILD NAME	BIRTH DATE	CHILD SS #	TRIBE ID #	CHECK	TRUST
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

(PLEASE SELECT ONE BELOW)

**\*\*IMPORTANT\*\*:** If appropriate guardianship documentation is not received before **November 15, 2014** the funds will automatically be put into a trust account and will be available to the child when the child turns 18.

I affirm that the information on this form is accurate and complete, including any attachments. I also consent to all information herein being shared with Hualapai Tribal government agencies and entities, on a need to know basis for the purpose of processing the request and the proper administration of the 2014 per capita distribution.

SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and affirmed before me on this \_\_\_ day of \_\_\_\_\_, 2014, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

In Witness Whereof, I have hereto set my hand and official seal.

Notary Public: \_\_\_\_\_ Expiration Date: \_\_\_\_\_