



HUALAPAI TRIBAL NATION

P.O. Box 179, Peach Springs, AZ 86434 Phone (928) 769-2216 Fax (928) 769-2343

ADDRESS FORM

FIRST NAME _____ M.I. _____ LAST NAME _____

D.O.B _____ TRIBAL ENROLLMENT NUMBER _____ SS # _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ PHONE # _____

(ALL INFORMATION ABOVE IS REQUIRED, FORM WILL NOT BE VALID UNLESS FILLED ENTIRELY)

SIGNATURE

DATE

(Per Capita Check Deadline-November 15th, 2016, no exceptions will be made, to ensure correct mailing)

I UNDERSTAND THAT:

1. It is my duty to keep the Finance/Enrollment Departments informed of my current mailing/contact information.
2. I understand all checks will be mailed and no pick-up is available.
3. I understand if I fail to inform departments of my current address and check is mailed to an old address I will be responsible for any bank fees or stop check fees associated with reissuing a new check.
4. The Hualapai Tribe is not responsible for lost checks resulting in my failure to provide a correct mailing address.
5. The Hualapai Tribe is not responsible for any taxes owed or court orders in place that may garnish my funds, which may include but not limited to: community debts, child support, or restitution.
6. I agree that any per capita distribution for me or for any I receive for my child (ren) is considered "**taxable income**". I acknowledge that payment of these taxes is my responsibility.
7. I recognize and accept that receipt of a per capita distribution may affect my eligibility for state and federal benefits, which may result in a loss or reduction of benefits.
8. I understand that any time my address changes it is my responsibility to fill out this form, no phone calls, emails, or texts will be accepted.

(Please see reverse side for Notary)

This form must be notarized

COUNTY OF _____)

STATE OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____
20 _____ by _____.

Notary Public _____

RETURN FORM TO:

HUALAPAI TRIBE FINANCE DEPT
Attn: April Siewiyumptewa
P.O. BOX 179
PEACH SPRINGS, AZ 86434

FORM CAN EITHER BE MAILED OR
RETURNED TO TRIBAL OFFICE, ORIGINALS
ONLY, NO FAXES OR EMAILS EXCEPTED

For questions contact: Wanda Easter
or April Siewiyumptewa at (928) 769-
2216 at Hualapai Tribal Office.
