Hualapai Tribe

Marilyn Vaughn, Gaming Office Clerk
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Gaming Assistance Application

_____   _____
Primary Contact: (Last, First, Middle)   Best Contact Phone #:

_____   _____
Mailing Address: (City, State, Zip Code)   Physical Address:

Type of Assistance:

If you are requesting a travel advance/reimbursement for a medical appointment, please include a copy of your appointment slip. Assistance is limited to patient and one (1) caregiver and may only be used for fuel, lodging, and meals.

For utility assistance, an invoice / receipt must be attached and in the name of the Tribal member or surviving spouse.

❑ - Utilities:	❑ - Medical:	❑ - Education:	❑ - Dental:
$_____ ❑ - Electricity $_____ ❑ - Phone $_____ ❑ - Propane $_____ ❑ - Water $_____ ❑ - Wood	❑ - Equipment / Supplies ❑ - Travel ❑ - Vision	❑ - Computer ❑ - Clothes *Attach report card for previous semester/quarter.* **Proof of current enrollment.**	❑ - Dentures ❑ - Braces
❑ - Elderly Social Service: (attach quote / receipt)			

List everyone in the household (including yourself)	M/F	Relationship to you	Date of Birth	Social Security Number	Enrollment Number
		SELF		XXX – XX –	
				XXX – XX –	
				XXX – XX –	
				XXX – XX –	
				XXX – XX –	
				XXX – XX –	
				XXX – XX –	
				XXX – XX –	

Please note: Requests must be received by the Gaming Clerk at least **ten (10) calendar days prior to the invoice due date.** The Hualapai Tribe is not responsible for utility service disconnections or associated re – connection fees. By signing, you certify that the information provided on this application is accurate. Providing misleading or false information will result in a denial of applicant's request.

_____   _____
Signature   Date

(For Accounting Use Only)

Date rec'd _____ Available Balance $_____   Amount Posted $_____   Membership Verified ☐Yes

Elderly ☐Yes   Disability ☐Yes   Outstanding Loan(s) ☐Yes ☐No   **☐APPROVED ☐DENIED** Processed by_____