**HUALAPAI TRIBE**

**2017 Minor Per Capita Application**

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

**GUARDIAN SOCIAL SECURITY # (REQUIRED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.** |  |  |  |  |  |  |  |

**(PLEASE SELECT ONE BELOW)**

**\*\*IMPORTANT\*\*: If appropriate guardianship documentation is not received before October 15, 2017 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 2017 per capita distribution.**

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

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

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

Subscribed and affirmed before me on this \_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 2017, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_