



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 <small>(PLEASE SELECT ONE BELOW)</small>	TRUST
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

****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: _____