

Hualapai Tribe

P.O. Box 179

Peach Springs, AZ 86434

PHONE: (928)769-2216/2221 Ext. 1111

Fax: (928)769-2343

Email: gaming@hualapai-nsn.gov or tamara.marshall@hualapai-nsn.gov

www.hualapai-nsn.gov/government/finance



Gaming Assistance Application

Primary Contact: (Last, First, Middle)

Best Contact Phone Number:

Mailing Address: (City, State, and Zip Code)

Physical Address: **Required to determine Utility Assistance**

Type of Assistance:

Email:

<input type="checkbox"/> - Utilities	<input type="checkbox"/> - Medical	<input type="checkbox"/> - Education	<input type="checkbox"/> - Dental
<input type="checkbox"/> - Electricity \$ _____ <input type="checkbox"/> - Phone \$ _____ <input type="checkbox"/> - Propane \$ _____ <input type="checkbox"/> - Water/Trash \$ _____ <input type="checkbox"/> - Wood/Pellets \$ _____ Include an invoice, receipt, or bill must be attached and in the name of the Tribal member.	<input type="checkbox"/> - Equipment / Supplies <input type="checkbox"/> - Travel <input type="checkbox"/> - Vision* 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.	<input type="checkbox"/> - Computer <input type="checkbox"/> - Clothes *Attach report card for previous semester/quarter.* Proof of current enrollment. Please submit original receipts within 2 months of the check date.	<input type="checkbox"/> - Dentures <input type="checkbox"/> - Braces *Attach quote with W-9 from Density or clinic.
<input type="checkbox"/> - Elderly Home Improvement : (Attach Quote/Receipt)			

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 reconnection 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.

List everyone in the household (including yourself)	Relationship to you	Date of Birth	Social Security Number	Enrollment Number
Head of Household	SELF		XXX - XX -	
			XXX - XX -	
			XXX - XX -	
			XXX - XX -	
			XXX - XX -	
			XXX - XX -	
			XXX - XX -	
			XXX - XX -	

Signature

Date

(For Accounting Use Only)

Date rec'd _____	Receipts Rec'd <input type="checkbox"/> Yes _____	Available Balance \$ _____	Amount Posted \$ _____
Membership Verified <input type="checkbox"/> Yes		Elderly <input type="checkbox"/> Yes	Disability <input type="checkbox"/> Yes
		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Processed by _____			