



HUALAPAI TRIBE
Gaming Assistance Application

PO Box 179
 Peach Springs, AZ 86434
 Phone: 928-769-2216 Ext 1111
 Fax: 928-769-2343

Name: (Last, First) _____

Best Contact Phone Number: _____

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

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

Email: _____

Utilities	Medical	Education	Dental
<input type="checkbox"/> Electricity \$ _____ <input type="checkbox"/> Phone/Internet \$ _____ <input type="checkbox"/> Propane \$ _____ <input type="checkbox"/> Water/Trash \$ _____ <input type="checkbox"/> Wood/Pellets \$ _____ Attach current bill/invoice	<input type="checkbox"/> Equipment/Supplies <input type="checkbox"/> Travel <input type="checkbox"/> Vision Attach appointment slip for medical travel and quote for vision.	<input type="checkbox"/> Computer <input type="checkbox"/> Clothes *Attach report card for previous semester/quarter. *Proof of current enrollment. *Submit original receipts within 2 months of the check date.	<input type="checkbox"/> Dentures <input type="checkbox"/> Braces Attach quote with form W-9
<input type="checkbox"/> Elderly Home Improvement : (Attach Quote/Receipt)			

List everyone in the household (including yourself)	Relationship	Date of Birth	Enrollment Number (DO NOT LEAVE BLANK)
Head of Household	SELF		

Signature _____

Date _____

Please give 10 business days after submission for payment to be processed.

The Hualapai tribe is not responsible for utility service disconnection 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 denial of applicant's request.