



OFFICE OF THE TREASURER
PER CAPITA APPLICATION PACKET

525 WEST GU U KI POST OFFICE BOX 338 SACATON, ARIZONA 85147
TELEPHONE: (520) 562-5222 TOLL-FREE: (866) 416-2618 FAX: (520) 562-9689
EMAIL: GRICPERCAPITA@GRIC.NSN.US

GILA RIVER INDIAN COMMUNITY

EXECUTIVE OFFICE OF THE GOVERNOR & LIEUTENANT GOVERNOR

William R. Rhodes,
Governor



Joseph Manuel,
Lieutenant Governor

Members of the Gila River Indian Community,

I am pleased to announce the distribution of the Per Capita Application Packet. The members of the Per Capita – Revenue Allocation Plan (RAP) Team would like to thank you for your patience and understanding. The RAP Team has worked diligently through many obstacles to make your per capita payment a reality.

I would like to take notice of this monumental time in the Community's history. We have come a long way since the arrival of Indian gaming. Gaming dollars provide homes for community members, economic development expansion, services for our elderly and disabled, and education for our community members.

I am pleased to announce that this will be the first time in the Community's history that we are making funds available to you, the Community member, by way of per capita payments.

Receipt of per capita payments is not mandatory; it is available to you if you want to receive it. You will be able to apply for per capita distribution with this application. A Per Capita Office has been established so you can be informed on all updates regarding per capita.

Please read the Per Capita Fact Sheet of this packet and the Per Capita Application Instructions carefully, as they contain important information that will help you apply successfully. Applications are available on line at www.mygilariver.com or in person at the Per Capita Office or by mail by simply contacting the Per Capita Office to have one mailed to you. I strongly encourage you to complete the per capita application fully and submit it by mail. This can be done immediately.

The Per Capita Office officially opens Monday, July 27, 2009 but will only begin full operations at the Governance Center on August 25, 2009. If you wish to complete your application in person at the Governance Center you will need to wait until the Per Capita Office is fully operational on August 25, 2009. For community members living on the reservation or in the Phoenix area the Per Capita Office staff will be coming to your service center in the near future to take applications before they begin operations at the Governance Center. Quick and user-friendly procedures have been developed, making this process as easy for you as possible.

Thank you,



William R. Rhodes
Governor

PER CAPITA FACT SHEET



REQUIRED DOCUMENTS

- » Completed application (if mailing in or using drop box - signed and notarized)
- » Direct deposit form (if applicable, for checking or savings deposit)
- » Valid State/Federal ID or Drivers license card
- » Social Security card (if not on file with Enrollment office)
- » Gila River ID card (if available)

If application is mailed or dropped off at Governance Center drop box, include copies of your Social Security Card and ID card(s).

APPLICATION & PAYMENT SCHEDULE

<u>Application Deadline</u>	<u>Payment Date</u>
March 15	April 30
June 15	July 31
September 15	October 31
December 15	January 31

If either the application deadline or the payment date falls on a holiday or weekend, such deadline or payment will be effective on the next business day following the date noted above.

ENROLLMENT CHANGES/INFORMATION

We strongly encourage you to update your enrollment records before submitting your application for per capita.

ELIGIBILITY

- » All enrolled members of Gila River Indian Community are eligible to receive per capita payments.
- » Per capita payments are voluntary.
- » Adults wishing to receive per capita payments must submit a **one-time** application for all future per capita payments.
- » A written request can be submitted to the Per Capita Office to stop per capita payments.
- » Minors turning 18 years old by the application date can apply before the deadline.

PAYMENTS

- » 11% of our gaming revenue is designated for per capita payments. Payments will be made quarterly.
- » Amounts may vary; revenues allocated for per capita, less the cost of administering and maintaining per capita payments and trusts, will be divided by a quarterly denominator consisting of the eligible competent adults, and a certified census of minors and legally incompetent adults.
- » All members submitting their completed application by the application deadline date will be on record for the next quarterly per capita payment.
- » Payment options are: direct deposit, pay card or check.

APPLICATIONS

Applications will be available:

1. At the Per Capita Office
(Governance Center, Sacaton, Arizona)
2. By contacting the Per Capita Office and requesting an application packet be mailed to you.
3. On the Community member's official web site:
www.mygilariver.com

MINORS

- » Minors and legally incompetent members do not need to apply. They will have trust accounts automatically set up for them. The quarterly payments will be distributed and accumulated into those accounts.
- » If turning age 18 after the application deadline date and before the payment date:
 - the funds in trust will be available
 - a copy of a high school diploma or GED is required for immediate distribution of trust assets.
 - in order to begin receiving the regular quarterly per capita payments, the member will need to submit a one-time application.
 - If a high school diploma/GED is not available, disbursement of the trust assets will be made when diploma/GED is received at the Per Capita Office, or member reaches 21 years of age, whichever comes first.

NEXT STEPS

- » If a complete application is submitted and processed, you will receive a transaction report confirming your per capita sign-up.
- » If the application is not complete, the Per Capita Office will return it to you with a letter explaining why your application was not accepted.
- » Any disputes shall be initiated by filing a written claim for payment with the Per Capita Office, in accordance with Section 22.1308(B) of the Revenue Allocation Ordinance (GR-07-09).

CONTACT US

Gila River Indian Community Per Capita Office
P.O. Box 338
Sacaton, AZ 85147

Telephone: (520) 562-5222
Toll-Free: (866) 416-2618
Fax: (520) 562-9689
Website: www.mygilariver.com/percapita

PER CAPITA APPLICATION INSTRUCTIONS

Please read and follow these instructions carefully. Failure to complete the Per Capita application accurately could cause your application to be delayed and/or denied and will be returned to you for correct information. If your application is denied, you will not receive your Per Capita payment on the scheduled payment date. The deadlines for completed applications are as follows:

<u>Application Deadline</u>	<u>Payment Date</u>
March 15	April 30
June 15	July 31
September 15	October 31
December 15	January 31

Incomplete applications may be delayed up to 30 days. If you miss a deadline, you can still enroll for the next quarterly payment. Only completed applications postmarked by the application deadline date will be accepted for the next quarterly per capita payment. Members may also apply in person at designated locations, dates and times. Applications will NOT be accepted via facsimile (FAX) or e-mail. *(Additional information is provided on page 3)*

APPLICATION ITEMS:

For questions regarding your Gila River membership or enrollment record, (Items 1-6), please contact Enrollment/Census Department (520) 562-9790.

- 1. Name of Enrolled Member** - (Required) Enter your full legal name. List any aliases and/or your maiden name.
- 2. Social Security Number** (Required)
- 3. Date of Birth** (Required)
- 4. Gila River ID Number** (Required)
- 5. Current Mailing Address** - (Required) MUST match your Enrollment/Census Department record. Enter your current mailing address, complete with new zip code. All information/checks will be mailed to this address.
- 6. Primary or Alternate Telephone #** - (Optional) It may be faster to contact you by phone for questions.
- 7. Payment Method** (Required) - Choose how you wish to receive your per capita payment. There are three payment options available.
 - » DIRECT DEPOSIT – Fill out the direct deposit form. Read instructions carefully for checking or savings deposit. If deposit is not accepted by your financial institution your payment will default to check.
 - » PAY CARD – Choosing this option will result in payments being deposited into a debit card account with Chase Bank. Your debit card and debit information will be sent to you one week prior to your first payment date. It is important that you read the material enclosed with the card, which contains information for card activation, PIN selection, customer service, etc. Your card will be sent to the last known mailing address on file with the Enrollment/Census Department. The Community is not responsible for lost pay cards and you may be subject to additional fees by the bank if your card is lost.
 - » CHECK – Specify how you want your check disbursed (in-person or mail). The Community is not responsible for lost checks. **If a mailed check is returned, the recipient forfeits his/her rights to receive that quarterly payment.**
Pick up check in-person option:
 - » Checks will be distributed at designated locations during the week following payment dates. Dates and locations will be posted at the District Service Centers and on the Per Capita web site. You may have to wait in line at the disbursement locations.
 - » Checks that are not claimed within thirty (30) days from the date checks are made available will be mailed to the last known address in your Enrollment/Census record.Send check by mail option:
 - » Checks will be mailed one week after the distribution date to the last known address in your Enrollment/Census record.
- 8. General Acknowledgement and Certification** (Required)
- 9. Identity Verification** - (Required) All applications mailed in or placed in the Governance Center drop box MUST be notarized by a Notary Public. If applying in person, the Per Capita office staff will verify your identity, thus a notary is not required.

Certification

I give my consent to the Enrollment/Census Department to release the information contained on this form to the Per Capita Office. I recognize and accept that once this information is released to the Per Capita Office, it is no longer part of my Confidential Enrollment Record and is not subject to the confidentiality provisions of GR-02-05, Section 8.115. I recognize that the information provided by me, as part of my Per Capita application, is not confidential and may be used by the Community for other purposes including, but not limited to: directory information and garnishment. This information will not be disseminated to third parties for commercial purposes.

I voluntarily submit this application for per capita distribution and accept all potential impacts. Further, I release the Community from any liability that could result from my acceptance of a per capita payment distribution.

By signing this document and submitting all supporting documents, I attest that the number shown on this form is my correct social security number. I attest to the accuracy of the information provided to the best of my knowledge; further, I recognize and acknowledge that I may be subject to criminal prosecution, under the laws of the Gila River Indian Community or the United States, for knowingly providing false information on this application.

Signature (Must be signed in front of Per Capita Office Staff or Notary Public)

Date

9. Identity Verification (Required)

MAIL IN/DROP BOX Identity Verification (by Notary Public)

State of _____ County of _____

On this _____ day of _____, 20_____, before me personally appeared,

_____, whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledges that s/he signed this application.

Notary Public

My Commission Expires

IN-PERSON Identity Verification (by Per Capita Staff)

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Verified: _____ Gila River ID#: _____

Type of ID Presented: _____ ID#: _____

PCO Staff: _____



PER CAPITA DIRECT DEPOSIT FORM

(Direct Deposit to Checking/Savings Account)

Member Name on Bank Account: _____ Gila River ID#: _____

Contact Phone: _____ Social Security #: _____

For checking account deposit (required):

- A voided check (with name preprinted on the check) for verification of the depositor's account, *or*
- Obtain a document from your bank which contains your name, routing/transit number and account number.

For savings account deposit (required):

Ask your bank to give you a document which contains your name, routing/transit number and account number. It is not always the same as the number on your savings deposit slip. This will help ensure that you are paid correctly.

All sections must be completed. Attach the required bank document(s).

Action Type: (check one) <input type="checkbox"/> Set up new direct deposit <input type="checkbox"/> Change banking information	Account Type: (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name/City/State:	
Bank Routing / Transit Number:	Bank Account Number:

- I hereby authorize the Gila River Indian Community Per Capita Office ("GRIC PCO") to deposit my ENTIRE Per Capita payment by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any entries indicated by GRIC PCO to my account.
- Direct Deposit will be effective with the next quarterly Per Capita distribution as long as the completed form is accurate and received by the GRIC PCO at least 30 days prior to the Per Capita Distribution date.
- In the event that GRIC PCO deposits funds erroneously into my account, I authorize GRIC PCO to debit my account for an amount not to exceed the original amount of the erroneous credit.
- This authorization is to remain in full force and effect until GRIC PCO and Bank have received written notice from me of its termination in such time and such manner as to afford GRIC PCO and Bank reasonable opportunity to act on it.
- Furthermore, I understand that I am fully responsible for notifying GRIC PCO of my cancellation in writing prior to closing my account with Bank. However, if in the event, it is an emergency to close my account due to possible theft, fraudulent activities, or at the request of my bank, I further understand that it is my responsibility to notify GRIC PCO of the cancellation as soon as possible and that I may be subject to missing the transmission deadline that could cause a further delay in retrieving monies sent.

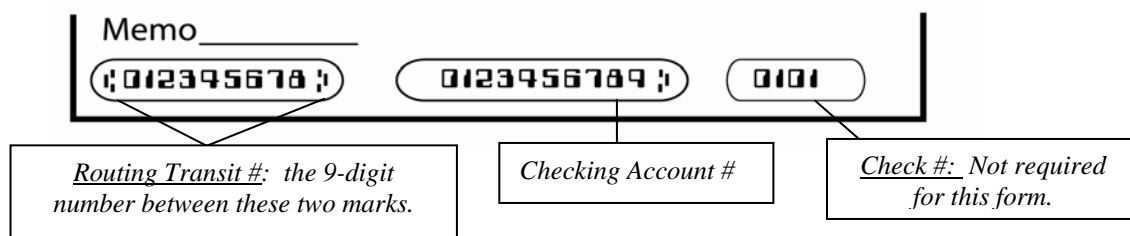
Signature: _____ **Date:** _____

Can mail completed form (with application or payment method change form) to:

- DO NOT FAX -

GRIC Per Capita Office P.O. Box 338 Sacaton, AZ 85147

Sample check routing and account information:



Gila River Indian Community, preserving our past, protecting our future.



Gila River Indian Community
Per Capita Office
Post Office Box 338
Sacaton, Arizona 85147

TIME SENSITIVE DOCUMENT