



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

# PER CAPITA FACT SHEET



## REQUIRED DOCUMENTS

- » **Completed application** (if mailing in– it must be signed and notarized)
- » **Direct deposit form** (if applicable, for checking or savings deposit)
- » **Valid identification card** (Gila River ID card, drivers license, state ID, military ID, or passport)
- » **Social Security card** (card name must match Enrollment Office name)
- » **Completed W-9 IRS form** (to validate your Social Security number)

If you mail your application (notarized), 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

Note: 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 mailing address with the Enrollment Department before submitting your application for per capita.

## ELIGIBILITY

- » All enrolled members of Gila River Indian Community are eligible to receive per capita payments.
- » Adult per capita payments are voluntary. If a member so chooses, a **one-time** application must be submitted for all future per capita payments. A high school diploma or GED is not required.
- » A member turning 18 years old by the Payment Date can apply before the Application Deadline, even if s/he is 17 years old at the time.
- » A written request can be submitted to the Per Capita Office (“PCO”) to stop adult per capita payments.

## 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 per capita payments and trusts, will be divided by a denominator consisting of the eligible competent adults, and a certified census of minors and legally incompetent adults.
- » All members submitting completed application by the Application Deadline (and approved by the PCO) will be on record for the next per capita payment.
- » Payment options are: direct deposit, pay card or check. The Community is not responsible for lost checks.
- » All per capita payments are considered taxable income, even in cases when payments are garnished.

## APPLICATIONS

Per capita applications and forms are available:

1. At the Per Capita Office (“PCO”) (Governance Center, Sacaton, Arizona);
2. By contacting the PCO and requesting an application packet to be mailed to you;
3. On the Community member's official website: [www.mygilariver.com](http://www.mygilariver.com); or
4. At the District Service Centers.

## PER CAPITA TRUST

- » Enrolled minors and legally incompetent members do not need to apply. The quarterly per capita payments will be distributed into a trust fund established for their benefit based on Enrollment census. A court order must be on file at Enrollment for incompetent members.
- » For minors turning 18 years old:
  - The funds in trust will be available to the member;
  - A trust termination form must be submitted to the Trust Administrator to request final distribution
  - A copy of a high school diploma or GED is *required* for final distribution of the trust assets;
  - If a high school diploma/GED is not available, final trust distribution will be made when a diploma/GED is received by the Trust Administrator, or the member reaches 21 years of age, whichever comes first.
- » Contact the Trust Administrator for questions related to a legally incompetent member’s trust.

## NEXT STEPS

- » If a complete application is submitted and approved, you will receive an official letter confirming your per capita eligibility.
- » If the application is not complete, the PCO 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 PCO, in accordance with Section 22.1308(B) of the Revenue Allocation Ordinance (GR-07-09). Any disputed items/action must be done within one year from the date of incident.

## 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  
Website: [www.mygilariver.com/percapita](http://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 proper completion. If your application is denied, you will need to make corrections and timely resubmit the application, or you may 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>	<i>* If the Deadline or Payment date falls on a holiday or weekend, such date will be effective on the next business day following the date noted.</i>
March 15	April 30	
June 15	July 31	
September 15	October 31	
December 15	January 31	

If you miss a deadline, you can still enroll for the next quarterly payment. Completed and mailed applications must be postmarked by the Application Deadline date to be accepted for the respective quarterly per capita payment. Members may also apply in person at the Per Capita Office. 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. Gila River ID Number**
- 3. Social Security Number**
- 4. Date of Birth** (Required)
- 5. Current Mailing Address** - (Required) MUST match your Enrollment/Census Department record or your application will be returned. Enter your current *mailing* address, complete with zip code. All per capita correspondence and checks will be mailed here.
- 6. Primary or Alternate Telephone #** - (Required) 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.
  - » **DIRECT DEPOSIT** – Fill out the direct deposit form. Read and follow instructions carefully to complete the required steps for a checking or savings direct deposit. A voided check or direct deposit document from the bank is required for completion. If a deposit is not accepted by your financial institution, your payment will default to a check by mail.
  - » **PAY CARD** – Payments will be deposited into a prepaid debit account created for you. The bank will send your debit card and debit information a week or two 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 that is on file with the Enrollment/ Census Department. You must activate your card within one year of receiving it. 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** – Send by mail option - checks will be mailed to the address in your Enrollment/Census record as of the Application Deadline. *The Community shall not be liable for any lost checks or taxes owed whether or not the recipient receives the check.*
- 8. General Acknowledgment 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. Your signature date must match the notary date. If applying in person, the Per Capita office staff will verify your identity, thus a notary is not required.
- 10. W-9 IRS Form** - (Required) Complete this form to validate your social security number. It is available on the per capita website or at the Per Capita Office.

# PER CAPITA APPLICATION

ADULT MEMBERS NEED ONLY APPLY ONCE.

ENROLLED MINOR AND LEGALLY INCOMPETENT MEMBERS NEED NOT APPLY.

PAYMENTS FOR THESE INDIVIDUALS WILL BE MADE INTO AN ESTABLISHED TRUST FUND.

**\*\*ALL APPS MUST INCLUDE A VALID PHOTO ID & SOCIAL SECURITY CARD**



1. Name of Enrolled Member (Required):

2. Gila River ID Number:

First Name: \_\_\_\_\_ M.I: \_\_\_\_ Last Name: \_\_\_\_\_

Suffix (i.e. Jr., Sr., III): \_\_\_\_\_ Maiden Name or Alias (if applicable): \_\_\_\_\_

3. Social Security Number (Required): \_\_\_\_\_

4. Date of Birth (Required): \_\_\_\_\_

5. Current Mailing Address (Required): (*Address must match mailing address in your Enrollment/Census record*)

\_\_\_\_\_  
Post Office Box or Street and number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

6. Cell Phone # (Required): \_\_\_\_\_

Other/message Phone # (Optional): \_\_\_\_\_

7. Payment Method (Required):

Direct Deposit

Check Send-by-Mail

Pay Card

(*Must submit Direct  
Deposit form & bank  
documents*)

I understand that:

1. It is my duty to keep the Enrollment/Census Department informed of my current mailing address/contact information.
2. I have 30 days from the date checks are made available to pick up my check from the designated disbursement location.
3. Checks not claimed within 30 days will be sent to the last known mailing address in my Enrollment/Census record.
4. If a check is returned to the Per Capita Office, I forfeit my claim to receive that quarterly payment.
5. The community is not liable for any lost or stolen checks, taxes owed, or forfeited payment resulting from my failure to provide a correct mailing address.

8. General Acknowledgement and Certification (Required)

By signing this document:

### Garnishment

I recognize that I have no absolute right to a per capita distribution and the Gila River Indian Community (the "Community"), or other eligible parties, may seek to garnish my per capita distribution as allowed under Community or federal law. Such garnishment may include, but is not limited to: debts to the community, tax levies, child support, restitution, and federal debts under the Federal Debt Collection Procedure Act.

### Liability

I recognize that any per capita distribution is considered "taxable income" and is subject to federal taxes, and may be subject to state taxes. I acknowledge that payment of these taxes is my responsibility.

### Potential impacts to benefits

I recognize and accept that receipt of a per capita distribution may affect my eligibility for community, state and federal benefits, which may result in a loss or reduction of benefits.

**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 Section 3.114 of Title 3, Chapter 1 of the Gila River Indian Community Code.

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 and dated in front of Per Capita Office staff or Notary Public)*

*Date*

**9. Identity Verification by (A) or (B) (Required)**

**(A) 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

**(B) 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).*

<b>Action Type:</b> (check one) <input type="checkbox"/> Set up new direct deposit <input type="checkbox"/> Change banking information	<b>Account Type:</b> (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 45 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:** \_\_\_\_\_

*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:

