



Gu Achi District OF THE Tohono O'odham Nation



HC 01 Box 8713 • Sells, Arizona 85634
520/361-2404 • 520/361-2540 • 520/383-8948
Fax: 520/361-2724 • gadistrict@toua.net

FY 2025 ASSISTANCE APPLICATION

- I understand that my application must be complete. Request must fall within the budget justification requirement. If request exceeds capped amount, I will pay the difference.
- Upon purchase or payment, I will turn in **ORIGINAL** receipts to the Gu Achi District Office within sixty (60) days of receiving the assistance check.
- If receipts are not returned, the assistance will be considered a loan and you will be required to pay or issued a Misc. 1099 for tax purposes.

By signing, I agree to the above terms.

Signature of Applicant: _____ Date: _____

COMMUNITY: _____

NAME: _____

TRIBAL ENROLLMENT NUMBER: _____

(Copy of Enrollment Card or Certificate of Enrollment required)

ADDRESS: _____

CONTACT NUMBER: _____ EMAIL: _____

PLEASE DESCRIBE ASSISTANCE NEEDED: _____

Please list all members in your Household:
