



# Gu Achi District OF THE Tohono O'odham Nation



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## FY 2024 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:

_____	_____
_____	_____
_____	_____
_____	_____