



Gila River Indian Community Urban Members Association
Financial Assistance Request Information

Applicant Eligibility Criteria:

- Must be an enrolled member of the Gila River Indian Community.
- Reside outside of the Gila River Indian Community boundaries.
- Required forms:
 - GRIC Tribal Identification Card
 - W-9 Form
 - Fraud, Waste, and Abuse Acknowledgement Form

Assistance Provided:

- Financial Assistance:
 - \$500 annual limit (excluding elders)
 - Rental assistance
 - Utility assistance (phone, electricity, water & gas)
 - Applicants may request up to \$250.00 every month until maximum allowance is reached.
 - Financial assistance may result in possible tax implications.
- Food Card:
 - Elders can request a food card monthly
 - Non-Elders can request quarterly
- All applicants are required to submit an original billing statement from the vendor.
- The utility bill and or lease must be in the applicant's name, and the name must match the name on their GRIC Tribal enrollment identification card.
- We are unable to provide assistance on accounts that are closed.
- Upon approval, the applicants will receive assistance on their utility bill, which can range between \$25 and \$250. If the bill amount exceeds \$250, the applicant is responsible for paying the remaining balance.

Applications are accepted the second week of the month starting at 10 AM and closes at the end of the week at 4 PM.

Application can be submitted at gilariveruma@gmail.com or delivered in person at

1201 E Thomas Rd Phoenix, AZ 85014



Gila River Urban Members Association Fraud, Waste & Abuse Acknowledgement

Reporting fraud, waste, and/or abuse (FWA) is essential in safeguarding UMA's time, effort, and resources. FWA can occur either unintentionally or as a result of deliberate actions. Regardless of intent, any form of fraud, waste, or abuse cannot and will not be tolerated within the association.

The following definitions outline the various types of FWA:

Fraud: refers to any intentional deception, which could encompass attempts and conspiracies, with the purpose of inducing action, inaction, or reliance on the deception to the detriment of the UMA organization. It may involve the deprivation of something valuable from UMA or the obtaining of a benefit, privilege, or consideration to which the party is not entitled.

Examples of fraudulent practices include, but are not limited to:

- Making false statements or claims
- Submission of false claims
- Use of false weights or measures
- Evasion or corruption of inspectors and officials
- Deceit through suppression of the truth or misrepresentation of a material fact
- Adulteration or substitution of materials
- Falsification of records and books of account
- Arrangements for secret profits, kickbacks, or commissions
- Conspiring to use any of these deceptive devices

Waste: is the extravagant, careless, or needless expenditure of UMA funds or consumption of UMA property that results from deficient practices, system controls, or decisions.

Abuse: is the intentional, wrongful, or improper use of UMA resources such as the misuse of position or authority that causes the loss or misuse of resources such as funds, bus passes, event tickets, memberships, etc.

If you believe you know of a potential FWA situation within the association, you should contact the chairman of the association or GRIC-OGC. For FWA issues please contact Mocha De Los Santos at Mocha.Delossantos@yahoo.com.

I confirm that I have read and understand the contents of the FWA acknowledgement. I am committed to using all resources provided by UMA responsibly and in alignment with their intended purposes.

Printed Name: _____

Signature: _____ Date: _____



**Gila River Indian Community Urban Members Association
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Name: _____ Enrollment No. _____

Address: _____ GRIC District No. _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Number of Family Members: _____

Name	Age	Enrollment No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Assistance

Food Card

Bus Pass

Reason for Requesting Financial Assistance:

Date Funds Needed: _____ Amount Requested: _____

I confirm all information is true and complete.

Signature: _____

Date: _____