



# Department of Land Use Planning and Zoning

## Personal Information Update

### General Information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gila River Indian Community Enrollment Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### If applicable

#### Plan and Description of Home

Type and Style of House: \_\_\_\_\_

How many rooms? \_\_\_\_\_

What utilities are on site (check yes or no):

Water: [ ] Yes [ ] No

Gas/Propane: [ ] Yes [ ] No

Electricity: [ ] Yes [ ] No

Sewer/Septic: [ ] Yes [ ] No

Who will assist in building your home? \_\_\_\_\_

What type of home is being built? \_\_\_\_\_ Completion Date: \_\_\_\_\_

### Beneficiary

Will Beneficiary stay the same? [ ] Yes [ ] No

If no, please complete Beneficiary Change form

*If you are changing your beneficiary you must provide the beneficiary's **Gila River Identification Number, date of birth, and contact information** upon completion of Beneficiary Change form.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_