



*San Juan Southern Paiute Tribe*

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*Carlene Yellowhair*  
**President**

P.O. Box 2950  
67 NW Maple Street  
Tuba City, Arizona 86045  
Ph. (928)-212-9794 Fax (928) 233-8948  
[www.sanjuanpaiute-nsn.gov](http://www.sanjuanpaiute-nsn.gov)

*Johimmy Lehi Jr.*  
**Vice President**

January 26, 2026

## **NOTICE OF PER CAPITA DISTRIBUTION**

Opening Date of Distribution

**Monday, February 9, 2026, at 9:00am**

Last Date to Submit Documents to Tribal Administration Office in Order to Receive Per Capita Payment:

**Monday, March 9, 2026, at 5:00pm**

**The Tribal Administration Requests:**

- ALL information must be legible and filled out (INCLUDING ENROLLMENT NO.) completely.
- Must have driver's license or state ID.
- Application Must be Notarized
- Must have Mail Authorization Form if applicable
- Application MUST be submitted within the 30-day period
- Per Capita checks will ONLY be released to the individual themselves, we will not allow pick up for others
- NO text photos or emailed photos of application will be accepted. Must scan and email application to the following: [dist@sanjuanpaiute-nsn.gov](mailto:dist@sanjuanpaiute-nsn.gov)

**Disorderly Behavior Will Not Be Tolerated**

All Tribal Members are required to behave in a courtesy and respectful manner. Any offensive behavior or language that causes disruption or places other Tribal Members and/or Tribal Employees at risk may result in removal from the property and forfeit of their distribution. Any person under the influence of any substance may be removed from the property and forfeit their distribution. Offensive language or threats directed at any individual will result in removal and forfeit of distribution. This is a Community Event and Community Members must treat one another with respect for the sake of the Tribe and the Tribal Employees.

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*Shyla Preston*  
Southern Council

*Hope John*  
Southern Council

*Richard Graymountain*  
At Large Council

*Natrone King*  
Northern Council

*Louise Tallman*  
Northern Council



**San Juan Southern Paiute Tribe**  
**Tribal Per Capita Survey**  
 Tribal Administration Office  
 67 NW Maple Street  
 Tuba City, Arizona 86045  
 (928) 212-9794 - Fax: (928) 233-8948

(Must be submitted to the Tribal Administration Office no later than 3/9/26)

**IMPORTANT: NOTARIZATION IS REQUIRED**

This Survey must be notarized, Notary services are available at the Tribal Administration Office

How would you like to receive your distribution check for the Tribal Per Capita Survey?		<input type="checkbox"/> Pick up at the tribal administration office	
		<input type="checkbox"/> Check by mail (Fill out Authorization Form)	
<b>Full Legal Name:</b>			
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Primary Phone Number:</b>			
<b>Email Address:</b>			
<b>Social Security No.</b>		<b>Birthdate:</b>	
<b>SJSPT Enrollment No.</b>	2-689- UO-	<b>Sex:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>Physical Address</b> (If different from mailing address, please provide a description or map of your home location):			
<b>Residence Area:</b>	<input type="checkbox"/> Hidden Springs, AZ	<input type="checkbox"/> Tuba City, AZ	
	<input type="checkbox"/> Cow Springs, AZ.	<input type="checkbox"/> Navajo Mountain, UT	
	<input type="checkbox"/> Other (Please Specify):		
Are you currently enrolled in any <u>other</u> federally recognized Indian Tribes other than the San Southern Juan Paiute Tribe?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure	

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## AUTHORIZATION FOR RELEASE OF TRIBAL FUNDS

<b>Full Legal Name:</b> (Please Print)	
<b>Date of Birth</b> (MM/DD/YYYY)	
<b>SJSPT Enrollment No.</b>	2-689-UO- _____
<b>Primary Phone Number:</b>	

Please Mail the Check to me

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**The Tribal Administration will ONLY distribute the Per Capita Check to the individual themselves or by Certified Mail.**

### AFFIRMATION AND ACKNOWLEDGEMENT

**By my signature below, I hereby affirm that:**

- I am over eighteen (18) years or older
- I acknowledge that I have given permission to the Tribal Administration to Certify Mail my Per Capita Check.
- I acknowledge that the address given above is correct and current.
- I am an enrolled member of the San Juan Southern Paiute Tribe.
- I understand that the Tribe is not responsible for Per Capita Payments that I request be sent by US Mail.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*Carlene Yellowhair*  
President

*Johnny Lefii Jr.*  
Vice-President

*Richard Graymountain Jr.*  
At Large Council

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**Per Capita Distribution 02/09/2026**

