

## Quartz Valley Indian Reservation - Hardship Application

Applicant Must Complete			
Name: _____	Date: _____	(Year-Initials-#Request-HP) Voucher #: _____	
Address: _____		Phone #: _____	
Email Address: _____		Fax #: _____	
Last 4 Digits of Social Security Number: _____ <b>(Required)</b>		Date of Birth: ____/____/____	
Food Assistance/Personal Items Assistance	Financial Assistance	Emergency Assistance	
Please circle the Assistance needed			
Wal-Mart - Food	Heating: Propane, Kerosene, Wood	Medical, Medical Items, Supplies	
Raley's -Food	Electricity	Medical Travel	
Wal-Mart- Personal Items	Car Payment, Insurance	Family Emergency	
Raley's- Personal Items	Rent	Lodging	
Chevron- Personal Item	Water	Food	
Other: _____	Telephone	Bereavement	
Other: _____	Credit Card	Other	
Other: _____	Other: _____	Other: _____	
Office Use Only			
Itemized Shopping List: <input type="checkbox"/>	Supporting Documentation: <input type="checkbox"/>	Supporting Documentation: <input type="checkbox"/>	
Purchase Order: <input type="checkbox"/>	Requested Pledge: <input type="checkbox"/>	Hotel Reservation: <input type="checkbox"/>	
Credit Card Check-Out: <input type="checkbox"/>	Pledged On: <input type="checkbox"/>	Date of Emergency: <input type="checkbox"/>	
<b>Request: Initial 2<sup>nd</sup> 3<sup>rd</sup></b>	<b>Loan Funding Available: Yes No</b>	<b>Eligible: Yes No</b>	
Applicant Must Complete			
Reason for Request:	Amount Requested: _____ for _____		
	Amount Requested: _____ for _____		
	Amount Requested: _____ for _____		
	Total Requested Amount: \$ _____		
<small>(Applicant must sign for request to be valid)</small>			
Signature of Applicant: _____		Date: _____	
Office Use Only			
Name of Board Member	Date	Time	Vote
Bailey, Alondra			
William, Sherrie			
Bennett, Veronica			
McCloud, Melissa			
Super, Leonard			

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