

**Quartz Valley Indian Reservation - Hardship Application**  
**Applicant Must Complete**

Name:	Date:	Documentation Attached:
Address:		Phone #: _____
Email Address: _____		
Last 4 Digits of Social Security Number:		Date of Birth:     /     /

Food Assistance/Personal Items Assistance	Financial Assistance	Emergency Assistance
<b>Please circle the Assistance needed</b>		
Wal-Mart – Food	Heating	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:

<b>Applicant Must Complete</b>	
Reason for Request:	Amount Requested:                    for
	Amount Requested:                    for
	Amount Requested: _____ for _____
	Total Requested Amount: \$

(Applicant must sign for request to be valid)

Signature of Applicant:	Date:
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**Office Use Only** **Voucher #:** (year-Initials-#request-HP)

Itemized Shopping List:	Supporting Documentation:	Supporting Documentation:
Purchase Order:	Requested Pledge:	Hotel Reservation:
Credit Card Check-Out:	Pledged On:	Date of Emergency:

Request:	Initial	2 <sup>nd</sup>	3 <sup>rd</sup>	Amount Requested: \$	Eligible:	Yes	No
	Name of Board Member			Date	Time	Vote	

Office Contact: (530)468-5907 Frieda Bennett ext. (304) or [frieda.bennett@qvir-nsn.gov](mailto:frieda.bennett@qvir-nsn.gov)

