

Quartz Valley Indian Reservation
QVIR Covid-19 Assistance during the Pandemic
CERTIFICATION OF UNDERSTANDING

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QVIR has developed Programs that are designed to provide a non-taxable economic relief to enrolled QVIR members with additional resources for basic life necessities to help alleviate the negative economic impacts due to COVID-19.

Quartz Valley Indian Reservation members have all been impacted and will continue to be impacted for the unforeseeable future by the COVID-19 pandemic. Through additional funding sources, QVIR has the ability to assist QVIR Tribal members; this funding will address the many varied economic and other essential needs of ALL Tribal member households caused by this ongoing public health emergency. I UNDERSTAND TO APPLY FOR ADDITIONAL COVID-19 ASSISTANCE MY HOUSEHOLD MUST HAVE BEEN AFFECTED NEGATIVELY BY THE PANDEMIC.

I UNDERSTAND AND CERTIFY		YES	NO
I or someone in my household has experienced a negative impact because of COVID-19 <i>(ex. Impacts in education, Behavioral or social support; unemployment or reduced hours; has a low or moderate income; food or housing insecurities; and or my household is experiencing other negative economic impact due to the Pandemic)</i>			
My request is proportional to the negative impacts the Pandemic has had on my household			

Name of Applicant: _____

Date of Application: _____

Email address: _____

Mailing Address: _____

Physical: _____

Phone Home: _____

Cell: _____

Message: _____

Tribal Member Name and Enrollment #:

Name: _____

Number: _____ - _____ (Required)

Attestation:

As head of household, I understand that I am requesting the assistance under penalty of perjury, and that I am not requesting duplicate assistance for a benefit I have received from a different source. Deductions from the on-going General Assistance (non-gaming distribution) payments will be made for any requests that are deemed to be fraudulent. The signature below affirms that I, the signer, understand and agree to the conditions of this document.

Signature of Head of Household: _____

Printed Name of Head Household: _____

Date: _____