



Quartz Valley Indian Reservation

GENERAL ASSISTANCE STIPEND APPLICATION

Name: _____

Tribal ID #: _____

Social Security #: _____

Date of Birth: _____

Address: _____

I would like to receive my distribution by: Check Direct Deposit

Routing Number: _____ Account Number: _____

A VOIDED CHECK OR COPY OF CHECK MUST BE ATTACHED

Certification: By signing this document I am certifying that all information provided on this form are true and correct to best of my knowledge. I acknowledge that such information is subject to verification and that falsifying of this information shall be grounds for denial. I also certify that I have read and understand the **GENERAL ASSISTANCE PROGRAM** policy.

Applicant Signature: _____ Date: _____

For Office Use Only:

Approved Denied