

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: _____ **(Required)** 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"/>

Request: Initial 2nd 3rd **Loan Funding Available:** Yes No **Eligible:** Yes No

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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: _____

Office Use Only			
Name of Board Member	Date	Time	Vote
Whittaker, Alondra			
Siaz, Lashanda			
Bennett, Veronica			
McCloud, Melissa			
Super, Leonard			

Office Contact: (530)468-5907 Frieda Bennett ext. (304) or Tara Quinn ext. (314)
frieda.bennett@qvir-nsn.gov or tara.quinn@qvir-nsn.gov