QUARTZ VALLEY INDIAN RESERVATION

BIA ARP Assistance APPLICATION



Applic	ation Checklist:
	Income for household verification – Past 30 days (All adult members living in household)
	Mailing – Proof of Residency
	Tribal Enrollment verification for QVIR Tribal Members living in household.
	Supporting Documentation
	W9 for Vendor
	Completed application.

Personal Information							
Name:		Date of application:					
DOB:	SSN: xxx-xx-	Tribal Enrollment #:					
Telephone #:		Alternate Telephone #:					
Mailing Address:							
Physical Address:							
County:		Email Address:					
Househol	d Composition and Income						
Must document income is less than 80% SMI to access these resources.							
Name of Household Member	DOB & Last 4-digits of SSN	Annual/Monthly Income Employer					
1. Applicant -							
2.							
3.							
4.							
5. 6.							
7.							
8.							
Total in Household:	Total Adults in Household:	Total Annual Income for household:					
I understand Income verification must be submitted: Acceptable Income Verification: Pay Stubs W2s IRS form 1099s Tax filings. Bank Statement demonstrating regular income. Attestation from an employer Zero Income Certification							

Income eligibility Understanding- Household income must be below 80% Stone or more of the following programs: To Medicaid, Free and Reduced-Priced Luncome (SSI), Head Start and/or Early Head Infants, and Children (WIC), Section 8 Volume (LIHEAP), and Pell Grant. Households described to the second section of the second seco	ANF, SNAP, Ches and or School cad Start, Special ouchers, Low-Inc	ildren's Health Insu I Breakfast progran Supplemental Nutr come Home Energy	rance Programns, Supplement ition Program f	(CHIP), ral Security For Woman,		
I understand the income eligibility determination:						
Required Supporting Document	ntation for all re	quest – check all t	o show unders	tanding		
Tribal Enrollment Verification	Proof of Prima	ry Residency	Income Verif	ication for 30		
			days			
Electricity Assistance	Type of assis		ental Assistano			
Electricity Assistance		K	entai Assistano	e		
Statement of Need/Purpose of Request:	<u> </u>					
	Vendor Infor	mation				
Vendor W9 attached; or On-file with QVIR						
Vendor:						
Address:						
Phone:						
Amount Listed on Bill/Monthly Payment: \$						
Account #:						
Address Listed on account:						

QV BIA ARP Assistance Procedure

Application Process and Determination

- 1. <u>Completed Application</u> Applicants are responsible for completing an application prior to assistance. QVIR Elders and Disabled members may receive additional support filling out an application, upon request. To complete an application the following items must be submitted
 - a. Application must be filled in completely.
 - b. Electricity Bill/Rental Agreement must be submitted.
 - i. Must be current Electricity bill/rental agreement.
 - ii. Must be legible.
 - c. Accurate Tribal Enrollment Number
 - d. Income Verification/Categorical Eligibility/Zero-income declaration must be submitted.
 - i. All Adults living in the household over the age of 18 years of age.
 - e. W9 for Vendor Must be on file within finance department or submitted with application.
- 2. **Determination of Services** Eligibility
 - a. QVIR Tribal Members must live within the Household.
 - b. Income does not exceed 80% SMI.
 - i. Determination is based on Household Income and Household size.
 - c. Only one applicant per physical address.
- 3. <u>Payment Process</u> The amount will not exceed \$500.00 per applicant/household. Only one Vendor will be honored for this service.
 - a. A checklist of required information will be completed by staff per applicant the checklist will ensure all documents have been submitted, the client is income eligible, and no other client has applied from the same household. The checklist will be included with each Purchase Order.
 - b. A purchase order will be completed by staff to include
 - i. Electricity Bill Attached/Rental Agreement
 - ii. Programmatic Checklist.
 - iii. W9 attached.
- 4. <u>Correspondence</u> a letter will be sent via email to client with all pertinent information regarding assistance; unless an email is not listed then a letter will be sent via mail. Please allow up to 4 weeks for full processing; this includes mailing time to vendor.

By Signing below, I acknowledge and understand:

- Incompletion of my application may delay services.
- My household income cannot exceed 80% State Median Income (SMI)
- A Quartz Valley Indian Reservation Member must be living in my household composition.
- That only one applicant per physical address.
- To allow up to 4 weeks for full processing.

I am certifying all information is true and correct to the best of my knowledge. I am aware, willfully, and
knowingly, falsifying information may lead to receiving no services if found guilty. I am the only person in my
Household Composition who is applying for services, and I give permission to the QVIR staff to contact and
verify all documents concerning my/our income.

Date

Applicant's Signature