

## **Quechan Indian Tribe of the Fort Yuma Indian Reservation**

### **Individual and Family COVID-19 Emergency Assistance Program Application**

This application is intended for individuals and families seeking emergency assistance through the Quechan Tribe's Individual and Family COVID-19 Assistance Program. The program is being offered to provide emergency assistance to individuals and families that have been impacted by the COVID-19 public health emergency. The maximum amount of assistance that may be received through this program is a one-time assistance amount of **\$2,135.99** for Quechan enrolled members over 18 years of age. Please complete the following application, and attach any documentation you feel supports your claims (***it is strongly encouraged but not absolutely necessary if not applicable***) and submit to The Quechan Tribal Administration by **October 30, 2020**. All applicants must be 18 years of on the date of their application submission; any persons not 18 years of age by ***the deadline date*** will not be eligible to apply for the assistance.



**Basic Information**

**Name:** \_\_\_\_\_ (as appears on your Tribal ID)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Enrollment No.:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  Home  Cell

**Mailing Address:**

Street Address (include Apartment or Suite No.) or P.O. Box:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check this box if would you like your address to be updated with the Quechan Enrollment Department.

*\*Please ensure your mailing address is accurate, The Quechan Tribe will not be responsible for incorrect mailing addresses.*

**Email Address:** \_\_\_\_\_

**Household Information:**

How many in your household? \_\_\_\_\_

How many are not enrolled with the Quechan Tribe? \_\_\_\_\_

Do you have any dependents? Yes  No  (under the age of 18 years old)

If yes, please list their name, age, and indicate whether they are an enrolled member of the Quechan Tribe:

(continued on next page)

<b>Name</b>	<b>Age</b>	<b>Enrolled Member of the Quechan Tribe?</b>	<b>Tribal Enrollment No., if applicable</b>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
		<input type="checkbox"/>	

Yes No

**Additional Information**

**\*Please note: The COVID-19 impact will be considered as March 27, 2020, per the Tribal Council’s State of Emergency Declaration, as well as the same date of the enactment of the CARES Act by the U.S. Treasury. If you have been impacted prior to this date, please attach a copy of any documentation that supports your claim.**

a. Have you been economically impacted due to COVID-19?

Yes  No

b. Have you had any unforeseen or increased costs in your home due to COVID-19?

Yes  No  If Yes, please explain,

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Please attach supporting documentation if applicable.

c. Have you incurred a loss of income due to COVID-19?

Yes  No  If Yes, please explain:

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Please attach supporting documentation if applicable. **(continued on next page)**

d. Have any children in your home been affected by school closure due to COVID-19?

Yes  No  If Yes, please explain:

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Please attach any supporting documentation if applicable.

e. How has COVID-19 impacted your household’s ability to provide food, housing, or other needs?



Rent/Mortgage  
Other

**\*Please note: You do not need to provide any documentation for purchases or payments after you have received the assistance check.**

**I \_\_\_\_\_ hereby certify that the above information is true and correct and, if requested by the Quechan Indian Tribe of the Fort Yuma Indian Reservation, can provide additional documentation in support of this information. I also certify these relief funds will be used in response to COVID-19 relief expenditures.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

For Department Use Only	
Date Received: ____/____/____	Date Processed: ____/____/____
Enrollment No. Confirmed:    Yes    No	Processed By: _____
Amount approved: _____	Check Number: _____