



INDIVIDUAL APPLICATION

*All sections marked by * are required. Please type or print clearly in dark ink.*

REQUEST

Amount of Request: _____ Date of Application: _____

Briefly describe how the funds will be used: _____

All applications must include a personal statement and description of how the funds will be used and explain the circumstances that prompted your need of assistance. All requests must be accompanied by bids/estimates/bills directly relating to your request. See Application Checklist for details.

Have you ever received a grant from Operation Round Up? ___ Yes ___ No

If yes, when was grant received? _____ Amount of grant: _____

PERSONAL INFORMATION

*Name of Applicant: _____ Age: _____
First Middle Last

Pioneer Electric Cooperative Member/Account Number (if applicable): _____

*Mailing Address: _____

Physical Address (if different from Mailing Address): _____

City: _____ State: _____ ZIP: _____ County: _____

*Phone Number: _____ Email Address: _____

List all members of the household (including children):

Name: _____ Relationship: _____ Age: _____ Employer: _____

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INCOME INFORMATION

Is applicant currently employed? ___ Yes ___ No If not, please explain why: _____

***Gross MONTHLY earnings (include all members of the household).** Include all income, including employment, retirement, Social Security benefits, disability/SSI benefits, food stamps or other public assistance, child support, alimony, and any other income. **Please attach three months' proof of all income.**

Household Member Name: _____

Income Source/Employer: _____ Phone: _____

Dates of Employment (if applicable): _____ Monthly Income/Benefit Amount: _____

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Income Source/Employer: _____ Phone: _____

Dates of Employment (if applicable): _____ Monthly Income/Benefit Amount: _____

MONTHLY INCOME

Please attach three months' proof of all income.

Total salary/wages	\$ _____	Farm income	\$ _____
Retirement/401(k) benefits	\$ _____	Real estate income	\$ _____
Bonuses, tips and commission	\$ _____	Dividends and interest	\$ _____
Social Security benefits	\$ _____	Other: _____	\$ _____
SSI benefits	\$ _____	Other: _____	\$ _____
Food assistance	\$ _____		
Child support	\$ _____		
Alimony	\$ _____		

TOTAL MONTHLY INCOME:

\$ _____

OTHER ASSISTANCE

List all other sources of support to your household in the past year (United Way, OCAP, USDA, food banks, churches, donations, benefits and any other source of support), even if it was only once. **Attach documentation for all listed.**

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

MONTHLY EXPENSES

Attach most recent bill/invoice/statement for all expenses.

HOUSING:

Mortgage \$ _____
Rent \$ _____
Real Estate Taxes \$ _____

UTILITIES:

Electricity \$ _____
Gas \$ _____
Telephone and Cell Phone \$ _____
Water \$ _____
Sewer \$ _____
Trash Pickup \$ _____
Cable/Satellite/Streaming TV \$ _____
Internet Service \$ _____
Other _____ \$ _____

CREDIT CARDS/CHARGE ACCOUNTS:

Bank/Creditor: _____
Amount Owed: \$ _____
Monthly Payment: \$ _____

Bank/Creditor: _____
Amount Owed: \$ _____
Monthly Payment: \$ _____

Bank/Creditor: _____
Amount Owed: \$ _____
Monthly Payment: \$ _____

TRANSPORTATION:

Automobile Payments (monthly) \$ _____
Gasoline (monthly) \$ _____

INSURANCE PREMIUMS:

Medical/Dental Vision \$ _____
Life/Burial \$ _____
Automobile \$ _____
Homeowner's/Rental \$ _____

OTHER LOAN PAYMENTS:

Bank/Lender: _____
Amount Borrowed: \$ _____
Amount Owed: \$ _____
Monthly Payment: \$ _____

Bank/Lender: _____
Amount Borrowed: \$ _____
Amount Owed: \$ _____
Monthly Payment: \$ _____

Bank/Lender: _____
Amount Borrowed: \$ _____
Amount Owed: \$ _____
Monthly Payment: \$ _____

TOTAL MONTHLY EXPENSES:

\$ _____

ASSETS

CASH ON HAND: Attach most recent monthly bank statement.

Bank Name: _____ Balance: \$ _____

Bank Name: _____ Balance: \$ _____

Bank Name: _____ Balance: \$ _____

REAL ESTATE: List all property you own (house, mobile home, land, etc.).

Property #1: _____ Amount Owed: \$ _____ Market Value: \$ _____

Property #2: _____ Amount Owed: \$ _____ Market Value: \$ _____

Property #3: _____ Amount Owed: \$ _____ Market Value: \$ _____

ALL OTHER ASSETS: List and describe all other assets you own (vehicles, campers, ATVs, etc.)

#1: _____ Amount Owed: \$ _____ Market Value: \$ _____

#2: _____ Amount Owed: \$ _____ Market Value: \$ _____

#3: _____ Amount Owed: \$ _____ Market Value: \$ _____

PERSONAL REFERENCES

Please give three references from persons OTHER than relatives. (References may not be given by a director or employee of Pioneer Electric Cooperative or Pioneer Electric Cooperative Charitable Foundation.)

Name: _____ Phone: _____

Occupation: _____ Relationship to Applicant: _____

Name: _____ Phone: _____

Occupation: _____ Relationship to Applicant: _____

Name: _____ Phone: _____

Occupation: _____ Relationship to Applicant: _____

Application Checklist

_____ **Completed application.** Must complete all information.

_____ **Personal statement.** Your personal statement describes how the funds will be used and the circumstances that have prompted your need of assistance. **Be as specific and descriptive as possible.**

Examples:

- You are disabled and unable to work but need home repairs.
- You or a family member is undergoing medical treatment. You need assistance with expenses related to the medical treatment or need to purchase specialized equipment to meet those needs.
- You have lost your home due to fire or natural disaster.

_____ **Bids/Estimates or bills directly relating to your request.** Payments are made directly to vendors, creditors or contractors once the work is complete and inspected. If the cost of the project exceeds the maximum grant allowance, the individual is responsible for the remainder.

- If you are requesting funds to purchase equipment, please include estimates from **3 vendors**.
- If you are requesting funds for home construction, please include estimates from **3 licensed contractors** (with a contractor's license and business license.) Estimates must fully describe work to be performed.
- Include photos if possible.
- If you are requesting funds to assist with medical or other expenses, include copies of all related bills.

_____ **Financial documents:**

- **Three months'** proof of income for all members of the household (pay stubs, Social Security benefits, retirement benefits, and all other income).
- If you receive other assistance (food stamps, OCAP, churches, etc.), provide documents that show your benefit amount.
- Bank statement from the most recent month.
- Most recent statements for all monthly expenses (housing, utilities, credit cards, loans, insurance, and any other expenses). For loans, the statement should show the amount borrowed, amount owed and monthly payment.

All information will remain confidential. Once you submit your application, a member of our staff will contact you to confirm receipt and review your application.

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The information contained in this statement is for the purpose of obtaining funding from the Pioneer Electric Cooperative Charitable Foundation on behalf of the undersigned. Each undersigned understands that the information provided herein is used to consider the request for funding, and each undersigned represents and warrants that the information provided is true and complete and that the Pioneer Electric Cooperative Charitable Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Pioneer Electric Cooperative Charitable Foundation is hereby authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant

Date

The Pioneer Electric Cooperative Charitable Foundation is hereby authorized to utilize applicant's name/organization for promotional or communication purposes. (i.e. annual reports, news/press releases, brochures, etc.)

Signature of Applicant

Date

Mail completed application and related documents to:

Pioneer Electric Cooperative
ATTN: Operation Round Up
P.O. Box 468
Greenville, AL 36037