



Application for Individual and/or Family

No individual or family unit may submit an application for funds more than three (3) times in a 10 year period without express written exemption from the Executive Committee



PLEASE TYPE OR PRINT CLEARLY IN DARK INK

REQUEST

▪ Amount of Request: _____ Date of Application: _____

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

If grant was received under different name, please include name _____

▪ **On a separate sheet:**

- 1) Explain the circumstances which have prompted your need and how you intend to resolve the problem
- 2) Explain how funds would be used

(Attach appropriate bids, estimates, and/or bills directly related to your request)

PERSONAL INFORMATION

▪ Name of Applicant: _____
Last First Middle

▪ Peace River Electric Cooperative Member/Account # (if applicable): _____

▪ Address _____
Street (9-1-1) and if applicable P.O. Box

City State Zip County

▪ Home Phone: _____ Work Phone: _____ SSN: _____

▪ Email Address _____ Driver's License # _____

▪ List other members of household (including children):

Name (Last, First, Middle)	Age	Relationship

PERSONAL REFERENCES

You must have letters of reference from three individuals OTHER than relatives.

(References may not be given by a director or employee of Peace River Electric Cooperative or Operation Round Up)

Reference letters must contain a brief description of the applicant and his/her character.

Individual must include: (1) name, (2) address, (3) phone number, (4) occupation, and (5) relationship to the applicant.

Reference letters must be mailed separately from reference provider to the address on page 4

Applicant must provide copies of supporting documents

- Is applicant currently employed _____ unemployed _____ disabled _____ retired _____

If unemployed, applicant must show proof of registration with local unemployment office

Have you refused work in the last twelve months? If yes, why: _____

- Gross MONTHLY earnings** (must include all employed members of the household)
(Attach 3 months proof of income)

Employer # 1 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

Employer # 2 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

- Employment of Others in Household – Name** _____

Employer # 1 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

Employer # 2 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

EMPLOYMENT INFORMATION

- List social service agencies** (United Way, Red Cross, etc.) **you have contacted** (include name of contact person):

- Is individual or family receiving any other form of assistance or aid** (donations, insurance, etc)?

Yes _____ No _____ **If yes, list below:**

Check all that apply: Food Stamps _____ WIC _____ SSI _____ Medicaid _____ Medicare _____

OTHER ASSISTANCE

Application must be fully completed and accompanied by requested documentation

<i>Monthly Expenses</i>	<i>Applicant must provide copies of bills</i>	Per Month
HOUSING:	Mortgage__ or rent__ (<i>check one</i>).....	\$ _____
	Food	\$ _____
UTILITIES:	Electricity	\$ _____
	Gas	\$ _____
	Telephone (<i>include cell phone bills</i>)	\$ _____
	Water/Sewer/Trash Pick-up.....	\$ _____
	Cable/Satellite TV.....	\$ _____
	Internet Service.....	\$ _____
	Other	\$ _____
TRANSPORTATION:	Automobile Payments	\$ _____
	Gasoline	\$ _____
	Tag/Tax	\$ _____
INSURANCE:	Medical/Dental/Vision.....	\$ _____
	Life/Burial	\$ _____
	Automobile	\$ _____
	Homeowners/Rental	\$ _____
CREDIT CARDS/ CHARGE ACCOUNTS: (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
LOAN PAYMENTS: (Specify)	_____	\$ _____
	_____	\$ _____
REAL ESTATE TAXES: (Specify)	_____	\$ _____
OTHER EXPENSES: (Specify)	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES		\$ _____

<i>Monthly Income</i>	<i>Applicant must provide copies of supporting documents</i>	Per Month
Total Income for the Household:		
	Employment Income	\$ _____
	Bonus, Tips & Commission	\$ _____
	Social Security Benefits.....	\$ _____
	Farm Income.....	\$ _____
	Dividends & Interest	\$ _____
	Real Estate Income.....	\$ _____
	Alimony	\$ _____
	Child Support	\$ _____
	Food Stamps	\$ _____
	Other.....	\$ _____
	Other.....	\$ _____
TOTAL MONTHLY INCOME		\$ _____

All applications must be completely filled out and accompanied by requested documentation for consideration

Applicant must provide copies of supporting documents

ASSETS

▪ CASH ON HAND			
Bank Name _____	Acct. # _____	Balance	\$ _____
Bank Name _____	Acct. # _____	Balance	\$ _____
▪ REAL ESTATE <i>(list all property you own, such as house, mobile home, land):</i>			
Property #1 _____	Amt. Owed _____	Mkt. Value	\$ _____
Property #2 _____	Amt. Owed _____	Mkt. Value	\$ _____
Property #3 _____	Amt. Owed _____	Mkt. Value	\$ _____
▪ OTHER ASSETS <i>(List vehicles, personal property, whole life ins., retirement/pension/annuity – include description)</i>			
#1 _____	Amt. Owed _____	Cash Value	\$ _____
#2 _____	Amt. Owed _____	Cash Value	\$ _____
#3 _____	Amt. Owed _____	Cash Value	\$ _____
#4 _____	Amt. Owed _____	Cash Value	\$ _____
TOTAL ASSETS			\$ _____

LIABILITIES

▪ NOTES PAYABLE & MORTGAGE <i>(include home loan, car loans, credit card debt, student loans, etc.)</i>	
1. Lender Name, Address & Phone _____	\$ _____
2. Lender Name, Address & Phone _____	\$ _____
3. Lender Name, Address & Phone _____	\$ _____
▪ OTHER DEBT <i>(Taxes, bills, miscellaneous – include address) Attach a list if necessary</i>	
Debt # 1 _____	\$ _____
Debt # 2 _____	\$ _____
Debt # 3 _____	\$ _____
Debt # 4 _____	\$ _____
Debt # 5 _____	\$ _____
Debt # 6 _____	\$ _____
TOTAL LIABILITIES \$ _____	

The information contained in this statement is for the purpose of obtaining funding from the Peace River Electric Charitable Foundation, Inc. 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 Peace River Electric Cooperative Foundation, may consider this statement as continuing to be true and correct until a written notice of a change is provided.

The Peace River Electric Charitable Foundation, Inc. is hereby authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. I/We hereby consent that Peace River Electric may conduct a credit rating check and/or background check as it relates to my/our application for assistance.

Signature of Applicant

Date

Signature of Spouse/Co-Applicant

Date

**Mail completed application & supporting documents to:
Peace River Electric Charitable Foundation, Inc., PO Box 1310, Wauchula, FL 33873
For more information call (800) 282-3824**