



# INDIVIDUAL APPLICATION

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

## REQUEST

Amount of Request: \_\_\_\_\_ (Maximum: \$2,500)      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 Account Number: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

Physical Address (if different from Mailing Address): \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

\*Do you own or rent your home?     Own     Rent

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

Household Member Name: \_\_\_\_\_

Income Source/Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Household Member Name: \_\_\_\_\_

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: \_\_\_\_\_

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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: \$ \_\_\_\_\_

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Amount Owed: \$ \_\_\_\_\_  
Monthly Payment: \$ \_\_\_\_\_

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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: \$ \_\_\_\_\_

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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