

ATTENTION

This Operation Round Up application must be ***received*** by Mid-Carolina Electric Cooperative **before the first day of the month and completed in it's entirety.**

If received before the 1st day of the month, the board of directors will review your request at their next meeting.

However, if your application is received ***on*** the first day of the month or thereafter, then the board of directors will consider your application ***the following month.***

Example:

1. Your application **is received** by Mid-Carolina Electric Cooperative on October 1-31. It will be reviewed by the board at **their next meeting** in November.
2. Your application **is received on November 1st or after.** It will be reviewed at the December meeting of the board of directors.

Applications should be returned to:

**Operation Round Up
Mid-Carolina Electric Cooperative
P O Box 669
Lexington SC 29071**

IMPORTANT

This is an application to request funds through Mid-Carolina Electric Cooperative's Operation Round Up program.

The Operation Round Up program **does not** help individuals or families with electric bills. **Operation Round Up serves the needs of those persons dealing with catastrophic situations which prevent them from functioning in society and sustaining basic needs. Catastrophic situations are defined as death of an immediate family member or major illness and/or an accident that prevents the applicant or immediate family member from working and contributing to the household income. Verification of illness may be required from family doctor.**

MID-CAROLINA ELECTRIC TRUST OPERATION ROUND UP APPLICATION

P O BOX 669
Lexington SC 29071-0669
749-6555 or, if long distance, 1-888-813-9000

IMPORTANT: The mission of Mid-Carolina Electric Trust is to serve the needs of those persons dealing with catastrophic situations which prevent them from functioning in society and sustaining basic needs. Catastrophic situations are defined as death of an immediate family member or major illness and/or an accident that prevents the applicant or immediate family member(s) from working and contributing to the household income. Verification of illness may be required from family doctor.

Application for Individual Assistance

1. Name: _____
Last
First
Middle
Age

MCEC customer? _____ Yes _____ No Name account is listed in: _____

2. Other Members of Household:

	<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Relationship</i>	<i>Age</i>
A.					
B.					
C.					
D.					
E.					

3. Address: _____
Street or Post Office Box
City
State
Zip

If address is a P.O. Box, please provide street address also: _____

4. Telephone Number: _____ // _____
Home
Work

5. Employer of those listed in No. 1 and No. 2 above:

	<i>Name / Address</i>	<i>Supervisor / Telephone</i>
1.		
2a.		
2b.		

6. Reason for Request for Donation: **(Include the reason for request, amount requested and specific use of funds.)**

7. Is individual or family receiving any other form of assistance or aid for the above stated request (donation, insurance, etc.)? Yes _____ No _____
If yes, please list:

8. State of Financial Condition as of _____, 200____.

ASSETS

AMOUNT

CASH

Banking Institutions	Acct. No.	\$

REAL ESTATE

Partially or Wholly Owned	County	\$

SECURITIES

Description	Identification No.	\$

OTHER RECEIVABLES

(State type: Personal, Property, Loan Receivable, Auto, Life Insurance (cash value), Other Assets. Include description, account number, etc.)

Type	\$

TOTAL ASSETS: **\$** _____

LIABILITIES

AMOUNT

NOTES PAYABLE

Lender's Name	\$

MORTGAGES

Mortgagor's Name	\$

OTHER DEBT

(State type: taxes, bills outstanding, other)

Type	\$

TOTAL LIABILITIES

\$ _____

MONTHLY EXPENSES

AMOUNT

Housing	Mortgage _____ Rent _____	\$
Food		\$
Utilities	Electricity	\$
	Gas	\$
	Telephone	\$
Transportation	Automobile Payments	\$
Insurance	Medical	\$
	Life	\$
	Automobile	\$
Medical	Doctors	\$
	Hospital	\$
	Medication	\$
Charge Accounts (Specify.)		\$
Loans (Specify.)		\$
Taxes (Specify.)		\$
Other Expenses (Specify.)		\$

TOTAL MONTHLY EXPENSES

\$ _____

SOURCES OF MONTHLY INCOME

AMOUNT

Salary _____ \$ _____
Employer's Name

Bonus, Tips, & Commission _____ \$ _____

Dividends & Interest _____ \$ _____

Real Estate Income _____ \$ _____

Farm Income _____ \$ _____

Other: [Please state (e. g. alimony, child support, other, etc.).]
_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

TOTAL SOURCES OF MONTHLY INCOME \$ _____

9. PLEASE LIST THREE REFERENCES. (May not be a director or employee of Mid-Carolina Electric Cooperative or the Mid-Carolina Electric Trust.)

<i>Name</i>	<i>Address</i> <i>City State Zip Code</i>	<i>Relationship</i>	<i>Telephone</i>

Priority Assistance Information

Please complete the form below. If you are approved by the MCEC Trust Board, the following information will be used to process a check(s).

Applicant's Name: _____

Priority (rent, et c.)	Check To	Address	Account or Loan #	Amount \$	Amount Approved
1st Priority					
2nd Priority					
3rd Priority					

If the MCEC Trust Board approves your application for assistance, you will receive a copy of this form in the mail. The amount of assistance will be indicated and a check will be sent to the provider indicated on this form.

Please list below each medication you are taking.

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

How many doctors are you currently seeing? _____

What is the total monthly cost for all of your medicines? _____

Would you like to know more about your medications? _____

Would you like to look for more ways to save money on your medications? _____

10. Have you received assistance from this program before? If so, when?

The information contained in this statement is for the purpose of obtaining funding from the Mid-Carolina Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Mid-Carolina Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Mid-Carolina Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. Mid-Carolina Electric Trust may disclose information concerning this donation to the general public by listing it as a “private family or individual” donation.

Signature of Applicant/Recipient

Signature of Spouse

Date

11. **Referred by:**

Name **Title**

Business/Organization **Telephone #**