

## 2024 Trust Board Meeting Schedule

<u>Month</u>	<u>Meeting Date</u>	<u>Applications Due</u>
January	No Meeting	
February	2/8/2024	1/15/2024
March	3/21/2024	2/22/2024
April	No Meeting	
May	5/9/2024	4/15/2024
June	6/20/2024	5/20/2024
July	No Meeting	
August	8/15/2024	7/22/2024
September	9/26/2024	8/22/2024
October	No Meeting	
November	11/21/2024	10/18/2024
December	No Meeting	

# ATTENTION

PLEASE DO NOT RETURN THIS APPLICATION BEFORE CALLING 803-749-6474

*The Trust Board will meet the following months:  
February, March, May, June, August, September, and November*

*The Trust Board will NOT meet the following months:  
January, April, July, October or December*

This Operation Round Up® application must be received by Mid-Carolina Electric Cooperative prior to each scheduled meeting month and completed in its entirety. Please visit our website at [www.mcecoop.com](http://www.mcecoop.com) for the most current Trust Board meeting schedule and application deadline dates.

**PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS WHEN TURNING IN YOUR APPLICATION BY THE DEADLINE. \*\* Please note, applications will not be processed unless and until all documentation has been received.**

- current lease/rental agreement or mortgage statement
- current loan or credit card statements (to include vehicle and personal loans)
- current electric, phone/cell, water, sewer, sanitation, cable/internet statements
- current car, homeowner's and/or rental insurance statements
- current property tax statements (home and automobiles)
- current verification of illness and loss time from work/proof of disability
- current verification of income from employment, child support or family independence to include most recent 2 paystubs for all working income
- current household summary from Department of Social Services or Food Stamp/Snap approval letter

Return completed applications by mail or by dropping off at one of our locations:

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

**Drop Off:**  
254 Longs Pond Road, Lexington 29072  
- or -  
7524 Broad River Road, Irmo 29063

## 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.

**MID-CAROLINA ELECTRIC TRUST**  
**OPERATION ROUND UP® APPLICATION**  
P.O. Box 669, Lexington, SC 29071 (803-749-6474)

**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. For the purpose of this application, 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 your physician.**

1. Name: \_\_\_\_\_  

Last
First
Middle
Age

EMAIL ADDRESS \_\_\_\_\_

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>
<b>A.</b>					
<b>B.</b>					
<b>C.</b>					
<b>D.</b>					
<b>E.</b>					

3. Address: \_\_\_\_\_

Street or Post Office Box	City	State	Zip

How Long? Previous: (if less than 2 yrs).

If address is a P O Box, please provide street address also: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ // \_\_\_\_\_  
Home / Cell Work

5. Please list the Name/Address of the place of employment and the Supervisor Name/Number of anyone employed in the household:

Is anyone in the household a Retired Military Veteran?

[illegible]

Type of Assistance	Yes/No	Monthly Amount
Food Stamps		\$
Family Independence		\$
Section 8		\$
ABC Vouchers		\$
Child Support		\$
Family Help		\$
Medicaid		\$
Medicare		\$
Churches/Ministries		\$
Food Banks		\$
Other (please list other type)		
		\$
		\$

*ASSETS**AMOUNT***CASH**

Banking Institutions		\$

**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****BALANCE OWED****NOTES PAYABLE** *(Car & personal loans, credit cards)*

Lender's Name	\$

**MORTGAGES**

Mortgagor's Name	\$

**OTHER DEBT** *(medical, taxes, bills outstanding, student loans, other)*

Type	\$

**TOTAL LIABILITIES****\$** \_\_\_\_\_

**EXPENSES****MONTHLY**

<b>Housing – include current lease or mortgage statement.</b>	Mortgage _____ Rent _____	\$
<b>Food - include Food Stamp award letter</b>		\$
<b>Utilities – include copies of all applicable current bills.</b>	Electricity Gas (SCE&G or propane tank) Telephone (home landline) Cell Phone Water Sewer Sanitation	\$ \$ \$ \$ \$ \$ \$
<b>Transportation–include copy of current bill. Vehicle Yr. Type(s)</b>	Automobile Payments	\$
<b>Insurance-include copy of current bills</b>	Medical Life Automobile Renters Insurance	\$ \$ \$ \$
<b>Medical – please list medication on page 8 as requested</b>	Doctors Hospital Medication	\$ \$ \$
<b>Credit Cards – include copy of current bill for each account</b>		\$
<b>Loans (to include Title Loan or Payday Loan) - include copy of current bill for each loan</b>		\$
<b>Taxes – include copy of tax bills for home and automobiles</b>		\$
<b>Other - include copy of monthly bills for each</b>	Cable Internet Vehicle Gas	\$ \$ \$
<b>Family expenses</b>	Alimony Child Support Child Care	\$ \$ \$

**TOTAL MONTHLY EXPENSES****\$** \_\_\_\_\_

***SOURCES OF MONTHLY INCOME******AMOUNT***

**Salary/Tips** \_\_\_\_\_ \$ \_\_\_\_\_  
Employer's Name (Provide recent pay records for the past month)

**Spouse Income** \_\_\_\_\_ \$ \_\_\_\_\_  
Employer's Name (Provide recent pay records for the past month)

**Social Security Income** \_\_\_\_\_ \$ \_\_\_\_\_  
(State type and include updated Award Letter for SSI, SSI/Disability, etc.)

**Retirement Benefits or Pension Plan** \_\_\_\_\_ \$ \_\_\_\_\_  
(Provide a statement / proof of benefits)

**Short/Long Term Disability or Workers' Compensation** \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ (State type and include documentation)

**Other:** Please state type and include documentation for all that apply: (unemployment, alimony, child support, family independence, food stamps, and family help)

\_\_\_\_\_ \$ \_\_\_\_\_  
Type  
\_\_\_\_\_ \$ \_\_\_\_\_  
Type  
\_\_\_\_\_ \$ \_\_\_\_\_  
Type

***TOTAL SOURCES OF MONTHLY INCOME*** ***\$*** \_\_\_\_\_

**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 for assistance by the MCEC Trust Board, the following information will be used to issue check(s).

Applicant's Name: \_\_\_\_\_

Priority (rent, car, etc.)	Check To	Account or Loan #	Monthly Payment	Months Owed
-------------------------------	----------	-------------------	--------------------	-------------

1st Priority				
--------------	--	--	--	--

2nd Priority				
--------------	--	--	--	--

3rd Priority				
--------------	--	--	--	--

**Please list below each medication you and your family are taking.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

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? \_\_\_\_\_

**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**

---

**Signature of Spouse/Roommate**

---

**Date**

**Referred by:**

---

<b>Name</b>	<b>Title</b>
-------------	--------------

---

<b>Business/Organization</b>	<b>Telephone #</b>
------------------------------	--------------------