



Application for Individual and/or Family

WEC Operation Round Up Charitable Foundation • P.O. Box 158 • Hartford, AL 36344 • (800) 239-4602

All applications must include personal statement. All sections marked by * must be accompanied by documentation. Please type or print clearly in dark ink. If necessary you may attach additional sheets of paper to complete information.

Request

Amount of Request: _____ Date of Application: _____

*Name/Address/Telephone of person completing form _____

Have you ever received a grant from Wiregrass Electric Cooperative Foundation? Yes _____ No _____

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

Was grant received under same name? Yes _____ No _____

If no please include name _____

Please attach your personal statement to:

- 1)*Tell how the funds will be used, and
- 2)Explain the circumstances that have prompted your need of assistance and proposed resolution

**Please attach appropriate bids/estimates/bills directly relating to your request.*

Personal Information

*Name of Applicant _____ Age _____
Last First Middle

Wiregrass Electric Cooperative Member/Account # (if applicable): _____

*Address _____
Street (911) and if applicable P.O. Box

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____ *SSN: _____

List other members of household, including children:

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

Personal References

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

1. Name _____ Phone _____
Address _____
Occupation _____ Relationship to Applicant _____
2. Name _____ Phone _____
Address _____
Occupation _____ Relationship to Applicant _____
3. Name _____ Phone _____
Address _____
Occupation _____ Relationship to Applicant _____

Employment Information

Is applicant currently employed? Yes _____ No _____ Is spouse currently employed? Yes _____ No _____

If not, list last employer and employment dates and please explain why _____

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

Gross MONTHLY earnings (include all employed members of the household) *

Please 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 _____

Other Assistance

List other social service agencies (United Way, 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, please list:

Monthly Expenses

*All sections marked by * must be accompanied with document*

*HOUSING:

Mortgage or rent payment \$ _____

Food \$ _____

*UTILITIES:

Electricity \$ _____

Gas \$ _____

Telephone & Cell Phone \$ _____

Water/Sewer/Trash Pick-up \$ _____

Cable/Satellite TV \$ _____

Internet Service \$ _____

Other \$ _____

*CREDIT CARDS/CHARGE ACCOUNTS: (Specify)

_____ \$ _____

_____ \$ _____

_____ \$ _____

*OTHER EXPENSES: (Specify)

_____ \$ _____

*TRANSPORTATION:

Automobile Payments \$ _____

Gasoline \$ _____

Tag/Tax \$ _____

*INSURANCE:

Medical/Dental/Vision \$ _____

Life/Burial \$ _____

Automobile \$ _____

Homeowners/Rental \$ _____

*LOAN PAYMENTS: (Specify)

_____ \$ _____

_____ \$ _____

*REAL ESTATE TAXES: (Specify)

_____ \$ _____

TOTAL MONTHLY EXPENSES:

\$ _____

Monthly Income

Total Gross Earnings for Household	\$ _____	Alimony	\$ _____
Bonus, Tips & Commission	\$ _____	Child Support	\$ _____
Social Security Benefits	\$ _____	Food Stamps	\$ _____
Farm Income	\$ _____	Other	\$ _____
Dividends & Interest	\$ _____	Other	\$ _____
Real Estate Income	\$ _____	Other	\$ _____

***TOTAL MONTHLY INCOME:** \$ _____

Assets

***CASH ON HAND:**

Bank Name _____ Acct. # _____ Balance \$ _____

Bank Name _____ Acct. # _____ Balance \$ _____

***REAL ESTATE:** (list all property you own, i.e. house, mobile home, acreage)

Property #1 _____ Amt. Owed _____ Mkt. Value \$ _____

Property #2 _____ Amt. Owed _____ Mkt. Value \$ _____

Property #3 _____ Amt. Owed _____ Mkt. Value \$ _____

***OTHER ASSETS:** (Personal property, auto, whole life insurance, retirement/pension/annuity – include description)

#1 _____ Amt. Owed _____ Cash. Value \$ _____

#2 _____ Amt. Owed _____ Cash. Value \$ _____

#3 _____ Amt. Owed _____ Cash. Value \$ _____

***TOTAL ASSETS:** \$ _____

Liabilities

***NOTES & PAYABLE MORTGAGE:**

Lender Name, Address & Phone _____ \$ _____

Lender Name, Address & Phone _____ \$ _____

Lender Name, Address & Phone _____ \$ _____

***TOTAL NOTES & MORTGAGE:** \$ _____

Liabilities

***OTHER DEBT:** (Taxes, Bills, Miscellaneous – include address) Attach a list if necessary.

Debt #1 _____	\$ _____

Debt #2 _____	\$ _____

Debt #3 _____	\$ _____

Debt #4 _____	\$ _____

Debt #5 _____	\$ _____

Debt #6 _____	\$ _____

***TOTAL LIABILITIES:** \$ _____

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The information contained in this statement is for the purpose of obtaining funding from the WEC Round Up 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 Wiregrass Electric Cooperative Foundation, may consider this statement as continuing to be true and correct until a written notice of a change is provided. The WEC Round Up 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
_____	_____
Signature of Spouse/Co-Applicant	Date

The WEC Round Up Charitable Foundation is hereby authorized to utilize applicants name/organization for promotional or communication purposes. (i.e. annual reports, news/press releases, brochures, etc.)

_____	_____
Signature of Applicant	Date

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Mail completed application & related documents to:
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