



WHITE RIVER VALLEY ELECTRIC TRUST

Post Office Box 969
Branson, MO 65615
(417) 335-9335
FAX (417) 335-9271

Attn: Cindy Rains Operation Round Up Coordinator

The following application requests assistance from the White River Valley Electric Trust.

Dear Applicant:

This Trust, Operation Round Up, is funded by co-op members who contribute to the program by having their electric bills rounded up each month to the next dollar. All of the money collected is reinvested in the community by assisting local families and organizations toward basic needs such as food, shelter, clothing and education.

- Application must be completely filled out before it will be put on the monthly agenda!
- Strongest consideration will be given to individuals who maintain steady employment, but have fallen behind on bills due to unforeseen circumstances (i.e. medical emergency or illness).
- Priority will not be given to individuals whose needs are based on failing to budget living expenses around temporary/seasonal lay-off or expected reduction in income.
- Award recipients must reside within the White River Valley Electric Cooperative's service area. None of the award disbursement may be applied toward electric bills owed to the Cooperative.
- Applicants will be notified in writing as to the outcome of their request after the monthly Trust Board meeting.

Thank you for your interest in our program.

Cindy Rains

Cindy Rains
Operation Round Up Coordinator



APPLICATION FOR ASSISTANCE

Individual and/or Family

Name _____ Age _____ Home Phone _____
Mailing Address _____ Cell Phone _____
City _____ Zip _____ Work Phone _____
White River Account # _____ County _____

How long have you lived in this area? _____

List all other people in home including children:

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

List "Three" references that are not related to you:

Name _____	Phone number _____
Address _____	Best time to call _____
Name _____	Phone number _____
Address _____	Best time to call _____
Name _____	Phone number _____
Address _____	Best time to call _____

Employment for all of those in home:

Name _____	Employer _____	Date employed _____
Supervisor _____	How often paid _____	Gross pay _____
Name _____	Employer _____	Date employed _____
Supervisor _____	How often paid _____	Gross pay _____

Income for all members of home per month (Dollar amount):

Total gross earnings for home _____	Bonus/Tips/Commissions _____	
Disability _____	Unemployment _____	Food Stamps _____
Alimony _____	Child Support _____	Foster Care _____
S.S.I. _____	Pensions _____	TANF _____
Workers Comp _____	Welfare _____	Rentals _____

Assets (Dollar amount):

Cash _____ Checking _____ Savings _____ Stock/Bond _____
Home/Land market price _____ Auto _____ Auto _____

Expenses per month (Dollar amount):

Mortgage _____ Rent _____ Electric _____ Propane _____
Phone _____ Cell Phone _____ Car payment _____ Gasoline _____
Car insurance _____ Internet _____ Cable _____ Taxes _____
Credit cards _____ Child support _____ Medical _____
Loans _____ Water, Sewer, Trash _____ Student Loans _____

Other agencies contacted for assistance (Dollar amount):

Salvation Army _____ Christian Associates _____
DFS _____ OACAC _____ CAM _____ Other _____

Request for household _____

Dollar amount requested _____

Explain circumstances surrounding request: _____

I certify that this information is accurate and true. The White River Valley Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein. I realize that any false information may result in the rejection of this application.

Name of Applicant

Signature of Spouse

Date

Application must be completely filled out!