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____ Car insurance _______
Gasoline________ 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!