

ATTENTION

If you have any questions or need assistance filling out this application, please call **803-749-6474**.

This Operation Round Up® application must be ***received*** by Mid-Carolina Electric Cooperative **before the 25th day of the month and completed in its entirety**. If received before the 25th day of the month, the Board of Directors will review your request at their next meeting. However, if your application is received after the 25th day of the month, then the Board of Directors will consider your application **the following month**.

Please include copies of the following documents when turning in your application:

- 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
- current verification of illness and loss time from work
- current verification of income from employment, child support or family independence
- current household summary from Department of Social Services or Food Stamp 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. 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.

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.		

Reason for Request for Donation:

Is individual or family receiving any form of assistance or aid at this time?
 Please provide documentation on all assistance being received.

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

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

Lender's Name	\$

MORTGAGES

Mortgagor's Name	\$

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

Type	\$

TOTAL LIABILITIES

\$ _____

MONTHLY EXPENSES**AMOUNT**

Housing – include current lease or mortgage statement	Mortgage_____ Rent _____	\$
Food - include Food Stamp award letter		\$
Utilities – include copies of all applicable current bills.	Electricity	\$
	Gas	\$
	Telephone (home)	\$
	Cell Phone	\$
	Water	\$
	Sewer	\$
	Sanitation	\$
Transportation–include copy of current bill	Automobile Payments	\$
Insurance - include copy of current bills	Medical	\$
	Life	\$
	Automobile	\$
Medical – please list medication on page 8 as requested	Doctors	\$
	Hospital	\$
	Medication	\$
Charge Accounts - include copy of current bill on each account		\$
Loans - include copy of current bill on each loan		\$
Taxes – include copy of tax bills		\$
Other – include copy of monthly bills for each	Cable	\$
	Internet	\$

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 type and include documentation for all that apply: (SSI/Disability, unemployment, alimony, child support, family independence, food stamps, and family help)

_____ \$ _____
Type

_____ \$ _____
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 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
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1st Priority				
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2nd Priority				
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3rd Priority				
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Please list below each medication you are taking.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
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? _____

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:

Name

Title

Business/Organization

Telephone #