



FOUR COUNTY ELECTRIC CARE TRUST

Post Office Box 667, Burgaw, North Carolina 28425

READ THIS FIRST before completing application.

Instructions for Individuals

In order to apply, individuals must meet all of the following criteria:

- Applicant must be a member of Four County EMC, with an active account in their name.
- Applicant must be currently experiencing an “unexpected crisis” situation that is not a result of their own actions and must have exhausted all other resources available to them. (Low income and/or disability alone does not qualify.)
- Applicant must *not* have applied for consideration within the last **6 years**.
- Applicant must *not* have been funded **twice** in the past. This program is intended to assist members in unexpected crisis situations and is not a program designed for repeat assistance.

The application must be completed in its entirety. Incomplete applications will not be considered.

Documentation of all income for all individuals living in the household is required and must be attached to the application. Income may include but is not limited to: wages, social security benefits, child support, food stamps, etc.

Only requests for essential items of necessity will be considered.

Housing:

If you are applying for assistance with rent, you must submit a written statement from your landlord which includes the amount of rent that is past due, the landlord’s contact information and any eviction notices that have been issued with your application.

If you are applying for assistance with a past due mortgage payment, you must submit a copy of your most recent mortgage statement with your application.

Medical Expenses, Essential Bills:

If you are applying for assistance with a specific, essential bill, you must include a copy of that bill with your application. NOTE: The TRUST cannot fund electric bills. In addition, the TRUST cannot fund non-essential bills such as phone, cable, life insurance, credit cards, personal loans, etc.

Appliances:

If you are applying for assistance with an appliance purchase, you must submit three store quotes for conservative models with your application.

Repairs:

Note: The TRUST generally cannot fund major repairs (Over \$2,000). If you are requesting assistance with an essential, minor repair, you will need to submit three quotes for the same work from licensed professionals with your application.

IMPORTANT: Incomplete applications will not be considered. It is the applicant’s sole responsibility to provide all of the necessary information prior to the designated deadline.

If you have questions regarding the application, feel free to contact the TRUST administrator at 1-888-368-7289 for assistance.

8. Is individual or family receiving any other form of assistance or aid for the above-stated request?
(Donations, insurance, etc.) YES _____ NO _____ If YES, please list below:

9. List other organizations that you have contacted for assistance regarding your request:

Organization: _____ Date of Contact: _____

Organization's Contact Person: _____ Result: _____

Organization: _____ Date of Contact: _____

Organization's Contact Person: _____ Result: _____

10. ASSETS (What you currently own.)

CASH on hand (Include cash, checking balance, and savings balance): \$ _____

Name of Bank: _____

Name of Bank: _____

REAL ESTATE (both partially or wholly owned—house/mobile home & land) :

County: _____ Acres: _____ Market Value: \$ _____

County: _____ Acres: _____ Market Value: \$ _____

County: _____ Acres: _____ Market Value: \$ _____

County: _____ Acres: _____ Market Value: \$ _____

OTHER ASSETS (Include vehicles, other personal property):

Type: _____ Value: \$ _____

Type: _____ Value: \$ _____

Type: _____ Value: \$ _____

Type: _____ Value: \$ _____

11. LIABILITIES (What you currently owe.)

MORTGAGES (Include home, land, business):

Lender: _____ Amount Owed: \$ _____

Lender: _____ Amount Owed: \$ _____

Lender: _____ Amount Owed: \$ _____

LOANS (Include auto, credit cards, charge accounts, and outstanding taxes or other bills):

Lender: _____ Amount Owed: \$ _____

Lender: _____ Amount Owed: \$ _____

Lender: _____ Amount Owed: \$ _____

Lender: _____ Amount Owed: \$ _____

Lender: _____ Amount Owed: \$ _____

Lender: _____ Amount Owed: \$ _____

12. REGULAR MONTHLY EXPENSES

Housing: _____ Own _____ Rent \$ _____

Food.....\$ _____

Utilities Electricity.....\$ _____

Telephone.....\$ _____

Water/Sewer/Trash.....\$ _____

Gas/Kerosene/Fuel Oil Per Season..... \$ _____

Transportation: Vehicle Payments..... \$ _____

Gasoline.....\$ _____

Insurance: Medical.....\$ _____

Life.....\$ _____

Automobile.....\$ _____

Homeowner's.....\$ _____

Medical: Doctors.....\$ _____

Hospital.....\$ _____

Prescriptions.....\$ _____

Loans/Charge Accounts as listed on previous page (specify)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

13. MONTHLY INCOME (Attach documentation of all sources of income for everyone living in the house.)

Salary (Including bonuses, tips, commissions)..... \$ _____

Other (Specify Social Security, SSI, alimony, child support, AFDC, disability, unemployment, workers' comp, farm income)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Food Stamps.....\$ _____

TOTAL MONTHLY INCOME FROM ALL SOURCES \$ _____

14. List three (3) references. (May ***not*** be a relative or a director or employee of Four County EMC or the Four County Electric Care TRUST.)

(1) Name: _____ Phone: _____

Address: _____

(2) Name: _____ Phone: _____

Address: _____

(3) Name: _____ Phone: _____

Address: _____

15. Have you applied for Operation RoundUp[®] funds from Four County Electric Care TRUST in the past?

Yes _____ No _____ If "Yes" give date: _____

CONFIDENTIALITY STATEMENT

The TRUST recognizes that much of the information contained in this application is of a very personal and confidential nature and, therefore, it will be treated as such. At no time will this information be shared with anyone who is not specifically involved in the investigation, approval, or denial of this application.

APPLICANT STATEMENT

The information contained in this application is for the purpose of obtaining funding from Four County Electric Care TRUST. I understand that the information provided will be used to decide whether or not to grant funding and by signing below I agree with the following:

The information provided in this application is true and complete and Four County Electric Care TRUST may consider these statements true and complete until a written notice of a change is provided.

Four County Electric Care TRUST has my permission to contact any financial institution, lender, or reference listed in this application to obtain additional information necessary to verify the accuracy of the statements made in this application.

The financial institutions, lenders, and references listed in this application have my permission to release to Four County Electric Care TRUST information necessary to verify the statements made in this application.

I have read or have had read to me the instructions attached to this application and understand my responsibilities as an applicant. I understand that failure to include any of the required information or submission of false statements will be cause for immediate refusal.

(Do Not Write in This Space—Office Use Only)

Previous Funding		
Date	Amount	Specific Reason

Signature of Applicant

Date