



LYNCHES RIVER ELECTRIC TRUST

Application Instructions & Check List

Next Operation Round Up Meeting _____

Next Meeting Application Deadline _____

Review the instructions below and follow the check list on the back to ensure you provide all of the information requested. Applications must be filled out completely.

Incomplete applications will be returned to the applicant.

ELIGIBILITY REQUIREMENT

You must be a **cooperative member** or **receive electricity** from Lynch River Electric Cooperative to apply and the account **must be active**.

COMPLETING THE APPLICATION

- The application must be filled out completely in **BLACK INK**.
- Cooperative members should write their account number in the space provided. The account/member number can be found on the top left corner of your electric bill.
- If you are **not** a cooperative member, but receive electricity from Lynch River and the account holder does not live with you, write the name of the account holder at the very top of the application, **NOT** in the space provided for the applicant's name.
- The information on the application must be current, specifically your mailing address, and street address if different, and a **working phone number**. If the board member is unable to reach you, your application will not be considered.
- The names and ages of **all residents** living in the home must be included on the application.
- List all monthly expenses for **everyone** living in the home.
- List the income for **everyone** living in the home.
- Fill in the kind of assistance you are requesting and the **dollar amount** of the assistance in the space provided on the bottom of Page 1.
- **THREE REFERENCES ARE REQUIRED**. Include reference's address and working phone number. Please ask permission to use someone as a reference before writing their name on the application. **ATTENTION: References cannot be family members or relatives.** Using family members and relatives as references may result in a delayed or disqualified application.
- Application **must** be signed by the applicant. Unsigned applications will be returned for signature, which may delay review of the application.

APPLICATION CHECK LIST

You must provide the following items or your application will be returned as incomplete.

- 1- A copy of your **photo ID**. The photo ID can be a driver's license or some other form of identification with your photo and current address. **The address should match the address on the application or a valid reason why it does not should be provided.**
- 2- A copy of your most recent Lynches River electric bill.
- 3- **Documents verifying your request** for assistance must be provided with your application. Depending on your request, these documents may include one or more of the following:

- **BILLS:** Copies of bills you are asking Operation Round Up to pay. Examples of these bills include water, Telephone, gas, insurance, property tax, house payment, etc. **Operation Round Up does not pay members' electric bills.**
- **RENT:** A lease, rental agreement or statement from your landlord showing how much you owe and the landlord's name, address and phone number.
- **LARGE PURCHASES:** Three written estimates for any item requested. Examples include appliances, air-conditioner window unit, portable heater, furniture, etc.
- **REPAIRS:** Three written estimates for repairs to a car, appliance, water/sewer line, etc. **Operation Round Up does not pay for major home repairs including the building of porches or decks.**
- **HANDICAP RAMP:** Three written estimates and a doctor's statement for a handicap ramp.
- **MEDICAL NEEDS:** Include a list and cost of prescriptions, statement of medical treatment or medical bills.

The above list includes the kinds of assistance most frequently requested by applicants. If you do not see an example of your need and the documents you should provide, call the number below for assistance. Please contact us immediately if you move or your circumstances change.

**If have questions contact: Erica Shehane at 843 675 3271 or 1 800 922 3486 ext. 271.
Ms. Shehane may be contacted at the number above on Friday following
the meeting date to get the status of your application.**

OPERATION ROUND UP TRUST BOARD MEETING SCHEDULE

Applications are reviewed the second Monday in January, March, May, July, September and November by the Lynches River Electric Trust Board. The application deadline is a minimum of two weeks prior to the next scheduled meeting. Meeting dates may be changed at the discretion of the Lynches River Electric Trust Board. Please see the meeting date and application submission deadline on the reverse side.

Applications may be mailed to LREC Operation Round Up, P.O. Box 308, Pageland, SC 29728, hand delivered to our office at 707 South Arant Street in Pageland or faxed to 843-672-6118.

TRUST BOARD	DATE RECEIVED _____	<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> APPROVED BY: _____	<input type="checkbox"/> NOT APPROVED
USE ONLY:	DATE REVIEWED _____	<input type="checkbox"/> NON-EMERGENCY	AMOUNT: _____	



Application for Donation For Individual and/or Family

Important: All sections of this application **MUST BE COMPLETE**. Incomplete applications will be returned.

APPLICANT INFORMATION: Lynchess River Co-op Member Number or Meter Number: _____

LAST NAME _____	FIRST _____	MIDDLE _____	AGE _____
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Other Members of Household: (All persons living in the home must be included.)

LAST NAME	FIRST	MIDDLE	RELATIONSHIP	AGE
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____

STREET OR POST OFFICE BOX _____

CITY OR TOWN _____	STATE _____	ZIP CODE _____
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HOME PHONE _____	WORK PHONE _____
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EMPLOYER OF ALL PERSONS LIVING IN HOUSEHOLD: (If unemployed or disabled, please state why and efforts to find work and/or receive disability on separate sheet and attach):

(1) _____ COMPANY NAME	_____ SUPERVISOR
_____	_____
ADDRESS	PHONE
(2) _____ COMPANY NAME	_____ SUPERVISOR
_____	_____
ADDRESS	PHONE

**List additional employment information on separate page and attach.*

REASON FOR YOU REQUEST FOR ASSISTANCE: Please include specific need for assistance and amount of funds requested. If your request involves a needed purchase or service, you must submit documentation to support the cost. If for construction, submit three bids for all labor and materials.

(This section must be completed fully or your application WILL NOT be reviewed.) Amount requested: _____

IS INDIVIDUAL OR FAMILY RECEIVING ANY OTHER FORM OF ASSISTANCE OR AID for above stated request: (donations, insurance, church, etc)? Yes No If yes, please list and provide amount of assistance; if no, please explain:

ASSETS

DO YOU HAVE A CHECKING AND/OR SAVINGS ACCOUNT? Yes No (If yes, please list below)

NAME OF BANK _____ \$ _____
AMOUNT

NAME OF BANK _____ \$ _____
AMOUNT

DO YOU OWN YOUR HOME? Yes No

PARTIAL/WHOLLY OWNED FIRST MORTGAGE _____ \$ _____
MARKET VALUE

PARTIAL/WHOLLY OWNED SECOND MORTGAGE _____ \$ _____
MARKET VALUE

DO YOU HAVE ANY OTHER SECURITIES OR RECEIVABLES? (stock, retirement, CD'S, personal property, cash value of insurance, autos, etc.) Yes No (If yes, please list below)

DESCRIPTION _____ IDENTIFICATION NO. (IF APPLICABLE) _____ \$ _____
VALUE

DESCRIPTION _____ IDENTIFICATION NO. (IF APPLICABLE) _____ \$ _____
VALUE

TOTAL ASSETS \$ _____

LIABILITIES

PLEASE INCLUDE ALL THE BILLS YOU OWE. Include the total amount owed and the monthly payments. Include mortgage, car loans, personal loans, credit card loans, second mortgage, etc.

TYPE _____ \$ _____ \$ _____
TOTAL AMOUNT OWED MONTHLY PAYMENT

TYPE _____ \$ _____ \$ _____
TOTAL AMOUNT OWED MONTHLY PAYMENT

TYPE _____ \$ _____ \$ _____
TOTAL AMOUNT OWED MONTHLY PAYMENT

TYPE _____ \$ _____ \$ _____
TOTAL AMOUNT OWED MONTHLY PAYMENT

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TYPE _____ \$ _____ \$ _____
TOTAL AMOUNT OWED MONTHLY PAYMENT

TYPE _____ \$ _____ \$ _____
TOTAL AMOUNT OWED MONTHLY PAYMENT

TOTAL LIABILITIES \$ _____

*Be sure to include these monthly liabilities in the monthly expenses section on the next page.

PLEASE LIST THREE REFERENCES. Cannot be a relative and cannot be a director or employee of Lynches River Electric Cooperative or the Lynches River Electric Trust.

1. _____ PHONE _____
NAME

ADDRESS CITY STATE ZIP CODE

2. _____ PHONE _____
NAME

ADDRESS CITY STATE ZIP CODE

3. _____ PHONE _____
NAME

ADDRESS CITY STATE ZIP CODE

HAVE YOU EVER RECEIVED OPERATION ROUND UP FUNDS FROM LYNCHES RIVER ELECTRIC TRUST ? Yes No

HOW WERE YOU REFERRED TO THE LYNCHES RIVER ELECTRIC TRUST? _____

The information contained in this statement is for the purpose of obtaining funding from the Lynches River Electric 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 Lynches River Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Lynches River Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

X _____ X _____
SIGNATURE OF APPLICANT/RECIPIENT SIGNATURE OF SPOUSE DATE

If you have had assistance in completing this application, please include their name, address and daytime phone number.

NAME _____

ADDRESS _____

PHONE _____ X _____
SIGNATURE

IMPORTANT: All applications for Operation Round Up must be complete to be considered for approval. Incomplete applications will be returned.

TRUST BOARD USE ONLY:

Reference checks made on ___/___/___

Misc. notes and information:

