Application for Individual/Family
Walton Electric Trust, Inc.

What is Operation Round Up?
Operation Round Up is a community outreach program funded by Walton Electric Membership Corporation members. Participating members contribute an average of $6 annually by voluntarily "rounding up" their monthly electric bill payments to the next highest dollar.

Who is eligible for funding?
Funds are available for members of Walton EMC who live within the Walton EMC service area and are active participants in Operation Round Up. Individuals are not allowed to apply for assistance more than once in a two-year period.

How can an individual/family apply for funding?
Applications are accepted by mail or by dropping off at one of our local offices. Applications received after the deadline will be held until the next Board meeting. Incomplete applications will not be considered or kept on file. Repeat applicants must submit a new application.

What is the selection process?
Funds are administered by 15 volunteer members of the Walton Electric Trust board who represent the geographic areas where Walton EMC has electric service. The decisions made by the Board are based on the amount of funding available and the needs presented. All applicants will be notified of the results within one week of the Board meeting. Checks for approved applications are written to the service provider, not the applicant.

This is a list of items which generally Do Not Qualify for funding:
- Mortgage, rent or deposits
- Utility bills
- Automobile expenses
- Credit card bills
- Food
- Political campaigns and causes
- Taxes
- Insurance
- Cosmetic dental expenses
- Other on-going monthly household expenses
- Tuition/scholarships

Submit applications to:
Walton Electric Trust, Inc.
Attn: Kathy Joiner
P.O. Box 260
Monroe, GA 30655

Phone 770-266-2353
Fax 770-267-1223

Application Checklist

☐ Complete all pages of this application. Indicate if a question does not apply to you. Unanswered questions may result in an incomplete application.

☐ Provide a personal statement (letter).
1. Tell how the funds will be used.
2. Explain the circumstances that have prompted your need of assistance.

☐ Attach appropriate bids/estimates/bills etc. directly relating to your request.

☐ If an individual needs help in filling out the application, the person helping should indicate their name, relationship to applicant and how they may be contacted.

It is the sole responsibility of the applicant to meet the requirements listed above. Your application will automatically be denied if incomplete.

Please note: Incomplete application will automatically be denied
Application for Individual and/or Family

Amount of Request: ________________________

A personal letter must be submitted to:
1. tell how the funds will be used, and
2. explain the circumstances that have prompted your need of assistance.

Have you ever received a grant from Walton Electric Trust? Yes__ No__
If yes, when was grant received? __________ Amount of Grant: __________
If you have received assistance within the past two years, you are not eligible to apply.

List the name of the business or service provider that will receive funds if this application is approved.
Appropriate bids/estimates/bills from this business or service provider must be attached to this application.
Checks cannot be written to applicants.

Name of Applicant: ___________________________________________ Age: __________
Person completing application: __________________________ Relationship to Applicant: _________
 Walton EMC Member #: ___________________________ (Non-members are not eligible for assistance)
Address: __________________________________________

City State Zip Code County

Home Phone: __________________________ Work Phone: __________________________
Cell Phone: __________________________ Email: __________________________

Are you related to an employee of Walton EMC? _______ (If yes, you are not eligible for assistance)

List other members of household, including children (include name, age and relationship to you):
Name, Age, Relationship
________________________________________
________________________________________
________________________________________

Three references are required from persons OTHER than relatives. (References may not be given by a
director or employee of Walton Electric Membership Corporation or Walton Electric Trust.)

1. Name: __________________________ Phone: __________________________
   Address: __________________________
   Occupation: __________________________ Relationship to Applicant: _________

2. Name: __________________________ Phone: __________________________
   Address: __________________________
   Occupation: __________________________ Relationship to Applicant: _________

3. Name: __________________________ Phone: __________________________
   Address: __________________________
   Occupation: __________________________ Relationship to Applicant: _________

Please note: Incomplete applications will automatically be denied.
Is applicant currently employed? Yes ___ No ___  Is spouse currently employed? Yes ___ No ___

If not, please explain why: ___________________________________________________________

Gross MONTHLY earnings (include all employed members of the household)
Please attach 3 months proof of income.

Employer #1 ___________________________ Supervisor ___________________________
  Address _____________________________ Phone _____________________________
  Dates of Employment ________________ Salary/Wage _________________________

Employer #2 ___________________________ Supervisor ___________________________
  Address _____________________________ Phone _____________________________
  Dates of Employment ________________ Salary/Wage _________________________

Employment of Others in Household - Name ___________________________

Employer #1 ___________________________ Supervisor ___________________________
  Address _____________________________ Phone _____________________________
  Dates of Employment ________________ Salary/Wage _________________________

Employer #2 ___________________________ Supervisor ___________________________
  Address _____________________________ Phone _____________________________
  Dates of Employment ________________ Salary/Wage _________________________

List other social service agencies (DFACS, EOA, etc.) you have contacted (include name of contact person):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Is individual or family receiving any other form of assistance or aid (donations, insurance, child support, food
stamps, etc.)? Yes ___ No ___

If yes, please list (be specific and include amounts granted):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please note: Incomplete applications will automatically be denied
### Monthly Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing</strong></td>
<td>Mortgage or rent payment</td>
<td>$______</td>
</tr>
<tr>
<td></td>
<td>Food</td>
<td>$______</td>
</tr>
<tr>
<td><strong>Utilities</strong></td>
<td>Electricity</td>
<td>$______</td>
</tr>
<tr>
<td></td>
<td>Gas</td>
<td>$______</td>
</tr>
<tr>
<td></td>
<td>Telephone</td>
<td>$______</td>
</tr>
<tr>
<td></td>
<td>Water &amp; Sewer</td>
<td>$______</td>
</tr>
<tr>
<td></td>
<td>Cable/Satellite</td>
<td>$______</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>$______</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Automobile Payments</td>
<td>$______</td>
</tr>
<tr>
<td></td>
<td>Gasoline</td>
<td>$______</td>
</tr>
<tr>
<td><strong>Insurance</strong></td>
<td>Homeowners/Renters Insurance</td>
<td>$______</td>
</tr>
<tr>
<td></td>
<td>Medical</td>
<td>$______</td>
</tr>
<tr>
<td></td>
<td>Life</td>
<td>$______</td>
</tr>
<tr>
<td></td>
<td>Automobile</td>
<td>$______</td>
</tr>
</tbody>
</table>

**Credit Cards/Charge Accounts**

Name: __________________________
Balance: _______________________
Payment: $____

Name: __________________________
Balance: _______________________
Payment: $____

Name: __________________________
Balance: _______________________
Payment: $____

**Loan Payments**

Name: __________________________
Balance: _______________________
Payment: $____

Name: __________________________
Balance: _______________________
Payment: $____

**Real Estate Taxes**

Specify: ________________________

**Other Expenses**

Specify: ________________________

TOTAL MONTHLY EXPENSES

$____

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### Monthly Income

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Monthly Wages for Household</td>
<td>$____</td>
</tr>
<tr>
<td>Bonus, Tips &amp; Commission</td>
<td>$____</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>$____</td>
</tr>
<tr>
<td>Farm Income</td>
<td>$____</td>
</tr>
<tr>
<td>Dividends &amp; Interest</td>
<td>$____</td>
</tr>
<tr>
<td>Real Estate Income</td>
<td>$____</td>
</tr>
<tr>
<td>Alimony</td>
<td>$____</td>
</tr>
<tr>
<td>Child Support</td>
<td>$____</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$____</td>
</tr>
<tr>
<td>Family/Other Individuals</td>
<td>$____</td>
</tr>
<tr>
<td>Other (Specify):</td>
<td>$____</td>
</tr>
<tr>
<td>Other (Specify):</td>
<td>$____</td>
</tr>
</tbody>
</table>

TOTAL MONTHLY INCOME

$____

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Please note: Incomplete applications will automatically be denied
### Assets

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Acct #</th>
<th>Acct Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Real Estate (list all property that you own, i.e. house, mobile home, acreage):**

<table>
<thead>
<tr>
<th>Property #1</th>
<th>Amount Owed</th>
<th>Market Value $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property #2</td>
<td>Amount Owed</td>
<td>Market Value $</td>
</tr>
<tr>
<td>Property #3</td>
<td>Amount Owed</td>
<td>Market Value $</td>
</tr>
</tbody>
</table>

**Other Assets (Personal property, auto, whole life insurance, retirement/pension/annuity – include description):**

<table>
<thead>
<tr>
<th>#1</th>
<th>Amount Owed</th>
<th>Cash Value $</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2</td>
<td>Amount Owed</td>
<td>Cash Value $</td>
</tr>
<tr>
<td>#3</td>
<td>Amount Owed</td>
<td>Cash Value $</td>
</tr>
<tr>
<td>#4</td>
<td>Amount Owed</td>
<td>Cash Value $</td>
</tr>
</tbody>
</table>

**TOTAL ASSETS:**

$ __________

### Liabilities

**Notes Payable & Mortgage (list home loan, car loans, student loans):**

1. **Primary Mortgage, Address & Phone #** $ __________
2. **Equity or Second Mortgage, Address & Phone #** $ __________
   
   **Purpose for Second Mortgage:**
3. **Other Loans (be specific), Address & Phone #** $ __________

**Other Debt (Taxes, Credit Cards, Bills, Miscellaneous – include address) Attach list if necessary.**

<table>
<thead>
<tr>
<th>Debt #1</th>
<th>$ __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debt #2</td>
<td>$ __________</td>
</tr>
<tr>
<td>Debt #3</td>
<td>$ __________</td>
</tr>
<tr>
<td>Debt #4</td>
<td>$ __________</td>
</tr>
<tr>
<td>Debt #5</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES:**

$ __________

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The information contained in this application is for the purpose of obtaining funding from the Walton Electric Trust on behalf of the applicant. Each applicant understands that the information provided in this application is used to determine grant funding, and each applicant guarantees that the information provided is true and complete and that the Walton Electric Trust may consider this application as continuing to be true and correct until a written notice of a change is provided. The Walton Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of this application.

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**Signature of Applicant**

**Date**

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**Signature of Spouse/Co-Applicant**

**Date**

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Please note: Incomplete applications will automatically be denied.