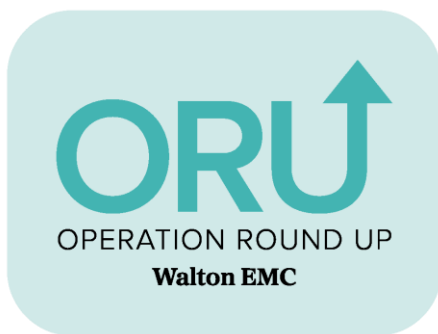




READ COVER SHEET ENTIRELY

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
Email kjoiner@waltonemc.com

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

Request

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. Please provide at least two estimates. Checks cannot be written to applicants.

Personal Information

Name of Applicant: _____ Age: _____

Person completing application: _____ Relationship to Applicant: _____

Walton EMC Member #: _____ (Non-members are not eligible for assistance)

Address: _____

Street or P.O. Box

City

State

Zip Code

County

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

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

Name, Age, Relationship

Name, Age, Relationship

Personal References

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: _____

Employment Information

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 _____

Other Assistance

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): _____

Monthly Expenses

Housing:	Mortgage or rent payment	\$ _____
	Food	\$ _____
Utilities:	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
	Water & Sewer	\$ _____
	Cable/Satellite	\$ _____
	Other _____	\$ _____
Transportation:	Automobile Payments	\$ _____
	Gasoline	\$ _____
Insurance:	Homeowners/Renters Insurance	\$ _____
	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____

Credit Cards/ Charge Accounts (Name, reason for use, balance amount and payment amount. If you are not making regular monthly payments please explain. If you need more space, please attach a separate sheet.):

Name:	Balance:	Payment:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Loan Payments (Name, reason for loan, balance amount and payment amount. If you are not making regular monthly payments, please explain. If you need more space, please attach a separate sheet.):

Name:	Balance:	Payment:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Real Estate Taxes (Specify): _____	\$ _____
Other Expenses (Specify): _____	\$ _____

TOTAL MONTHLY EXPENSES	\$ _____
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Monthly Income

Total Monthly Wages for Household	\$ _____
Bonus, Tips & Commission	\$ _____
Social Security Benefits	\$ _____
Farm Income	\$ _____
Dividends & Interest	\$ _____
Real Estate Income	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Food Stamps	\$ _____
Family/Other Individuals	\$ _____
Other (Specify): _____	\$ _____
Other (Specify): _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____

Assets

Cash on Hand:

Bank Name _____

Acct Balance \$ _____

Bank Name _____

Acct Balance \$ _____

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

Property #1 _____

Amount Owed _____

Market Value \$ _____

Property #2 _____

Amount Owed _____

Market Value \$ _____

Property #3 _____

Amount Owed _____

Market Value \$ _____

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

#1 _____

Amount Owed _____

Cash Value \$ _____

#2 _____

Amount Owed _____

Cash Value \$ _____

#3 _____

Amount Owed _____

Cash Value \$ _____

#4 _____

Amount Owed _____

Cash Value \$ _____

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.

Debt #1 _____

\$ _____

Debt #2 _____

\$ _____

Debt #3 _____

\$ _____

Debt #4 _____

\$ _____

Debt #5 _____

\$ _____

TOTAL LIABILITIES:

\$ _____

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.

Signature of Applicant

Date

Signature of Spouse/Co-Applicant

Date