

Individual and Family Application

Cuivre River Electric
Community Trust



Application Check List

- Complete pages 2, 3, 4 & 5 of this application.

Indicate if a question does not apply to you. Unanswered questions may result in an incomplete application.

- Provide a personal statement.

(1) Tell how the funds will be used, and (2) Explain the circumstances that have prompted your need of assistance.

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

It is the sole responsibility of the applicant to meet the requirements as listed above. Neither *Cuivre River Electric Community Trust* nor *Cuivre River Electric Cooperative* is responsible for notifying an applicant if requirements are not met or if an application is incomplete.

How did you hear about us?

- Rural Missouri/Current Times
- Local Newspaper Friend/Neighbor
- Social Service Agency _____
- Other _____

What is Operation Round Up?

Operation Round Up is a community outreach program funded by Cuivre River Electric Cooperative 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 and nonmembers who live within the CREC service area. This includes parts of Lincoln, Pike, St. Charles and Warren Counties in Missouri.

How can an individual or family apply for funding?

Applications are accepted by mail or in person (addresses listed below). The deadline for completed applications is the last day of each month. Incomplete applications will not be considered or kept on file. Repeat applicants must submit a new application.

How much can an individual or family request?

Individual grants will not exceed \$2,500 per year. Family grants will not exceed \$5,000 per year.

What is the selection process?

Funds are administered by seven volunteer members of the Cuivre River Electric Community Trust Board who represent the geographic areas where CREC has electric service. Applications are reviewed monthly. 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 by the end of the month following the application deadline. Checks for approved applications are written to the service provider, not to the applicant.

What types of needs are eligible for funding?

Funds are targeted exclusively for the following needs:

- **Health:** help families cope with illness and special medical needs;
- **Youth:** assist area youth organizations and individual activities which promote good citizenship and help develop strong, healthy communities;
- **Education:** help schools and individuals with limited resources improve their educational opportunities;
- **Home Weatherization:** help low-income and elderly individuals reduce the burden of home energy bills with long term solutions that improve home energy efficiency;
- **Community & Emergency Services:** aid community and emergency service providers in their efforts to improve the quality of life for our less fortunate neighbors, and support each community's health, safety and well-being.

*A partial list of items which **Do Not qualify for funding** includes:* automobile expenses; credit card bills; electric bills; food; political campaigns & causes; propane/gas bills; rent & deposits; taxes; telephone bills; home insurance; house payments.

Zip Code 63301 is NOT eligible for Operation Round Up.

Mail application to: P.O. Box 160, Troy, MO 63379 *OR*
Deliver application to: 1112 East Cherry St, Troy, MO; 8757 Hwy N.,
Lake Saint Louis; or 4200 Old Hwy 94 South, Harvester

(636) 528-8261, 695-4700 or 1-800-392-3709

FAX (636) 528-7696 www.cuivre.com



**Cuivre River Electric Community Trust
Individual & Family Application - Page 2 of 5**

For Office Use Only

Incomplete applications will not be considered.

Please refer to page 1 of this application for a complete list of eligibility requirements.

Please type or print clearly with dark ink. The application deadline is the last day of each month.

REQUEST

- **Amount of Request:** _____
- **Date of Application:** _____
- **Please attach your personal statement to:**
 - 1) to tell how the funds will be used, and
 - 2) to explain the circumstances that have prompted your need of assistance.
- **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.**

PERSONAL INFORMATION

- **Name of Applicant:** _____
Last First Middle
- **Address:** _____
Street

City State Zip Code County
- **Do you OWN or RENT your home?** Own Rent
- **Home Phone:** _____ **Work Phone:** _____
- **List other members of household, including children (If children, give age.):** _____

PERSONAL REFERENCES

- **Please give three references from persons other than relatives.** (References may not be given by a director or employee of Cuivre River Electric Cooperative or Cuivre River Electric Community 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

■ If not, ***PLEASE EXPLAIN WHY:*** _____

■ If disabled, ***PLEASE DESCRIBE DISABILITY:*** _____

■ Gross MONTHLY earnings (include all employed members of the household): _____

■ **Employment History of Applicant**

Employer #1 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

Employer #2 _____ Supervisor _____

Address _____ Phone _____

Dates of Employment _____ Salary/Wage _____

■ **Employment History 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 social service agencies (Family Services, NECAC, etc.) you have contacted** (include name of contact person):

■ **Is individual or family receiving any other form of assistance or aid** (donations, insurance, etc.)? Yes No

■ **If yes, please list:** _____

Financial Statement

Date of this statement _____

MONTHLY EXPENSES

Housing:	<input type="checkbox"/> Mortgage or <input type="checkbox"/> Rent payment	\$ _____	
	Food	\$ _____	
Utilities:	Electricity	\$ _____	
	Gas	\$ _____	
	Telephone	\$ _____	
	Water & Sewer	\$ _____	
	Other	\$ _____	
	_____	\$ _____	
Transportation:	Automobile Payments	\$ _____	
	Gasoline	\$ _____	
Insurance:	Home Owners/Renters Insurance	\$ _____	
	Medical	\$ _____	
	Life	\$ _____	
	Automobile	\$ _____	
Medical:	Doctors	\$ _____	
	Hospital	\$ _____	
	Medication	\$ _____	
Charge Account	_____	\$ _____	
Payments (specify):	_____	\$ _____	
Loan Payments	_____	\$ _____	
(specify):	_____	\$ _____	
Real Estate Taxes	_____	\$ _____	
Property Taxes	_____	\$ _____	
Other Expenses:	_____	\$ _____	
	(specify):	_____	\$ _____
	_____	\$ _____	
TOTAL MONTHLY EXPENSES	\$ _____	

MONTHLY INCOME

Total Gross Earnings for Household	\$ _____	
Bonus, Tips & Commission	\$ _____	
Social Security Benefits	\$ _____	
Farm Income	\$ _____	
Welfare (AFDC)	\$ _____	
Food Stamps	\$ _____	
Alimony	\$ _____	
Child Support	\$ _____	
Other	\$ _____	
Other	\$ _____	
Other	\$ _____	
TOTAL MONTHLY INCOME	\$ _____

Incomplete applications will not be considered.

ASSETS

■ **Cash on Hand:**

Bank Name _____ Acct # _____ Checking Balance \$ _____
 Bank Name _____ Acct # _____ Checking 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 - 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, credit card debt, student loans):

Loan #1 _____ \$ _____
 Lender Name & Address _____
 Loan #2 _____ \$ _____
 Lender Name & Address _____
 Loan #3 _____ \$ _____
 Lender Name & Address _____

■ **Other Debt** (Taxes, Bills, Miscellaneous - Attach list if necessary):

Debt #1 _____ \$ _____
 Debt #2 _____ \$ _____
 Debt #3 _____ \$ _____
 Debt #4 _____ \$ _____
 Debt #5 _____ \$ _____
 Debt #6 _____ \$ _____

TOTAL LIABILITIES: \$ _____

The information contained in this statement is for the purpose of obtaining funding from the Cuivre River Electric Community Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Cuivre River Electric Community Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Cuivre River Electric Community Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

Please check box at right if you do NOT want the information contained in this application to be shared with other agencies that may help meet your needs.

 Signature of Applicant

 Date

 Signature of Spouse/Co-Applicant

 Date