

# Individual and Family Application

## Cuivre River Electric Community Trust



## Application Check List

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

Unanswered questions may result in an incomplete application.

☐ **Provide a detailed personal statement.**

- (1) Write a 1-2 page statement that tells how the funds will be used,
- (2) Explain in detail the circumstances that have prompted your need of assistance.

☐ **Attach bids/estimates.**

Include copies of the quotes from suppliers and/or service providers that pertain to your request. Work shall be performed by licensed providers.

☐ **Personal responsibility.**

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

### 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.

### What is NOT eligible for funding?

Examples of items which **DO NOT QUALIFY FOR FUNDING** include: electric, propane/gas, telephone, cable, satellite or internet bills; mortgage, rent deposits or payments, real estate/personal property taxes, home/renter's insurance payments, automobile expenses, credit card or collection agency payments and food. Other restrictions may also apply. Checks cannot be written to applicants.

### Who is eligible for funding?

Members and non-members who live within the CREC general service area are eligible. This area includes parts of Lincoln, southern Pike, St. Charles (**excluding 63301 zip code**) 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). Deadline for 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?

Individuals are eligible for Operation Round Up assistance up to \$2,500 per year. Families are eligible for up to \$5,000 per year. Dental assistance is limited to \$1,000 per year.

### What is the selection process?

Funds are administered by seven volunteer members of the Cuivre River Electric Community Trust Board. Applications received by the deadline (last day of each month) will be reviewed by trustees at a meeting held on the second Thursday of the following month. Applicants will be notified within seven days of the meeting regarding the status of their application. Checks for approved applications are written to the service provider, **NOT** to the applicant. **Funds are not available without trustee approval at the monthly meeting.**

### 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.

### Where do I submit my completed application?

Mail applications to: Operation Round Up, P.O. Box 160, Troy, MO 63379  
OR deliver to: 1112 East Cherry St, Troy; or 8757 Hwy N., Lake Saint Louis

### Need additional information or have a question?

For more information on Operation Round Up or Cuivre River Electric Cooperative visit **www.cuivre.com** or contact: Tim Schmidt, Operation Round Up Coordinator, ext. 4837, [tschmidt@cuivre.com](mailto:tschmidt@cuivre.com); or Mary Wilson, Vice President of Strategic Communications at (800) 392-3709 ext. 4830, [mwilson@cuivre.com](mailto:mwilson@cuivre.com).



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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) tell how the funds will be used, and
  - 2) explain the circumstances that have prompted your need of assistance.
- List the suppliers and/or service providers that will receive funds if this application is approved. Appropriate bids/estimates/bills must be attached to this application. Checks **CANNOT** be written to applicants.

Applications submitted without a personal statement and bids will not be considered.

## PERSONAL INFORMATION

- Name of Applicant: \_\_\_\_\_  
Last First Middle
- Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code County (Lincoln, Pike, St. Charles or Warren)
- Date of Birth: \_\_\_\_\_ ■ Do you OWN or RENT your home? ☐ Own ☐ Rent
- Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
- List all members of household, including children (please list **ages** for all family members):  
\_\_\_\_\_
- List a parent/guardian beneficiary if applicant is a minor child: \_\_\_\_\_

## PERSONAL REFERENCES

- Please give two 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: \_\_\_\_\_

**All fields must be completed and all required documents submitted before your application can be reviewed.**

**Revised September 2026**

# EMPLOYMENT INFORMATION

■ Is applicant currently employed? ☐ Yes ☐ No

■ If not, **PLEASE EXPLAIN WHY:** \_\_\_\_\_

\_\_\_\_\_

■ Is applicant currently disabled? ☐ Yes ☐ No

■ **If disabled, PLEASE PROVIDE PROOF OF DISABILITY DOCUMENTATION LISTED BELOW:**  
(Certification statements, records or letters from a Federal Government Agency, State Vocational Rehabilitation Agency, Physician/Medical Professional or Counselor that issues disability benefits)

■ **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 _____ |

■ **Employment History of Others in Household - Name:** \_\_\_\_\_

|                           |                   |
|---------------------------|-------------------|
| Employer #1 _____         | Supervisor _____  |
| Address _____             | Phone _____       |
| Dates of Employment _____ | Salary/Wage _____ |

# OTHER ASSISTANCE

■ **List social service agencies (American Red Cross, Family Services, NECAC, United Way, etc.) you have contacted for assistance** (include name of contact person): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

■ **Receiving any other form of assistance or aid** (donations, insurance, etc.)? ☐ Yes ☐ No

■ **If yes, please list:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Cuivre River Electric Community Trust

## Individual and Family Application Financial Statement - Page 4 of 5

### MONTHLY EXPENSES

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

### MONTHLY INCOME

|                                 |                                          |          |
|---------------------------------|------------------------------------------|----------|
| ■ Income:                       | Total Gross Earnings for Household ..... | \$ ..... |
|                                 | Bonus, Commission & Tips .....           | \$ ..... |
|                                 | Social Security Benefits .....           | \$ ..... |
|                                 | Pensions.....                            | \$ ..... |
|                                 | Farm Income.....                         | \$ ..... |
|                                 | Welfare (AFDC) .....                     | \$ ..... |
|                                 | Food Stamps .....                        | \$ ..... |
|                                 | Alimony .....                            | \$ ..... |
|                                 | Child Support .....                      | \$ ..... |
| ■ Other Income (specify): ..... | .....                                    | \$ ..... |
|                                 | .....                                    | \$ ..... |
| ■ TOTAL MONTHLY INCOME .....    | .....                                    | \$ ..... |

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# Cuivre River Electric Community Trust Individual and Family Application Financial Statement - Page 5 of 5

## ASSETS

### ■ Cash on Hand:

Bank Name \_\_\_\_\_ Checking Balance \$ \_\_\_\_\_

Bank Name \_\_\_\_\_ 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 \$ \_\_\_\_\_

### ■ 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 \$ \_\_\_\_\_

■ 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 \_\_\_\_\_ \$ \_\_\_\_\_

■ TOTAL LIABILITIES ..... \$ \_\_\_\_\_

## Final check list

☐ Complete pages 2-5 of this application.

☐ Attach bid quotes/estimates.

☐ Provide a detailed personal statement.

☐ Provide proof of disability

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.

☐ Check box 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 \_\_\_\_\_

**All fields must be completed and all required documents submitted before your application can be reviewed.**