

Guidelines for filling out Round-Up Application

****The Operation Round-Up board meets on the last Monday of each month except for December when they do not have a meeting. All applications will have to be received in the office by the first Friday of the month to be reviewed at that month's meeting, otherwise they will be held until the next month's meeting.**

****Please make sure your application is signed and COMPLETE. Incomplete applications will not be reviewed.**

****Make sure any additional forms that must accompany your applications, are attached to the back of the application. Otherwise, it will be considered incomplete and will not be reviewed.**

****For assistance because of a house fire, attach the following:**

- A copy of the fire report from the attending fire department.

****For assistance with medication, attach the following:**

- An itemized list from drug store on cost of needed medication.

****For heating or cooling assistance, attach the following:**

- Proof of ownership of the home needing this type of help.
- Quote from two separate contractors on labor and material for purchase and installation.

Please note: we do not install new gas heaters or central units.

****For small home repair work, attach the following:**

- Proof of ownership of the land and home needing the repair.
- Bid from two separate contractors on labor and material for completing the work. **(Ask for estimate sheets at your nearest Santee Electric office)**

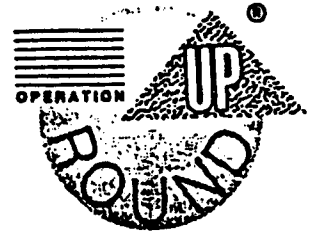
Please note: one bid will have to be from a licensed contractor.

*****Name** _____ **Acct#** _____

Address _____

SANTEE ELECTRIC TRUST

POST OFFICE BOX 548
KINGSTREE, SC 29556
(843) 355-6187



APPLICATION FOR DONATION FOR INDIVIDUAL AND / OR FAMILY

1. Name: _____
Last First Middle Age

2. Other Members of Household:

	Last Name	First	Middle	Age	Relationship
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____

3. Address: _____
Street Or Post Office Box

City or Town State Zip Code

4. Phone Number: _____
Home Work

5. Employer of those listed in No. 1 and No. 2 above:

(1) _____
Name Supervisor

Address Phone

(2a) _____
Name Supervisor

Address Phone

8. Statement of Financial Condition as of _____, _____.

ASSETS (WHAT YOU OWN)

AMOUNTS

Cash	_____ / _____ Banking Institution Account No.	\$ _____
	_____ / _____ Banking Institution Account No.	\$ _____
	_____ / _____ Banking Institution Account No.	\$ _____
Real Estate	_____ / _____ Partial or Wholly Owned County	\$ _____ Market Value
	_____ / _____ Partial or Wholly Owned County	\$ _____ Market Value
	_____ / _____ Partial or Wholly Owned County	\$ _____ Market Value
Securities	_____ / _____ Description ID No.	\$ _____ Value
	_____ / _____ Description ID No.	\$ _____ Value
	_____ / _____ Description ID No.	\$ _____ Value
Personal Property:	_____ / _____ Type	\$ _____ Value
Auto:	_____ / _____ Type	\$ _____ Value
Life Insurance:	_____ / _____ Type	\$ _____ Value
Loans Owed To You:	_____ / _____ Type	\$ _____ Value
Other Assets:	_____ / _____ Type	\$ _____ Value
TOTAL ASSETS		\$ _____

MONTHLY EXPENSES

AMOUNTS

Housing Mortgage _____ Rent _____ \$ _____

Food \$ _____

Utilities Electricity \$ _____

Gas \$ _____

Telephone \$ _____

Transportation Automobile Payments \$ _____

Gasoline \$ _____

Insurance Medical \$ _____

Life \$ _____

Automobile \$ _____

Medical Doctors \$ _____

Hospital \$ _____

Medication \$ _____

Charge Accounts (Specify): _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Loans (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Taxes (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other Expenses (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Expenses \$ _____

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

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE