

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)

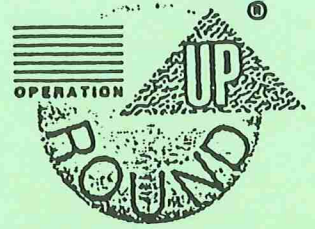
Please note: one bid will have to be from a licensed contractor.

*****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

| | | |
|------|---------|------------|
| (2b) | _____ | _____ |
| | Name | Supervisor |
| | _____ | _____ |
| | Address | Phone |
| (2c) | _____ | _____ |
| | Name | Supervisor |
| | _____ | _____ |
| | Address | Phone |
| (2d) | _____ | _____ |
| | Name | Supervisor |
| | _____ | _____ |
| | Address | Phone |
| (2e) | _____ | _____ |
| | Name | Supervisor |
| | _____ | _____ |
| | Address | Phone |

6. Reason for Request for Donation: (Include exact amount requested and specific use of funds.) (Statements such as “any help you can give” will not be considered.)

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)?

Yes _____ No _____ If yes, please list:

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 | | \$ _____ |

LIABILITIES (WHAT YOU OWE)

AMOUNTS

Notes Payable

Lender's Name

\$ _____

Lender's Address

Lender's Name

\$ _____

Lender's Address

Lender's Name

\$ _____

Lender's Address

Mortgage

Mortgagor's Name

\$ _____

Mortgagor's Address

Mortgagor's Name

\$ _____

Mortgagor's Address

Mortgagor's Name

\$ _____

Mortgagor's Address

Other Debt (State Type: Taxes,
Bills Outstanding, Other)

Type

\$ _____

Type

\$ _____

Type

\$ _____

Type

\$ _____

TOTAL LIABILITIES

\$ _____

MONTHLY EXPENSES

AMOUNTS

| | | |
|--------------------------|----------------------------|----------|
| Housing | Mortgage _____ Rent _____ | \$ _____ |
| Food | | \$ _____ |
| Utilities | Electricity | \$ _____ |
| | Gas | \$ _____ |
| | Telephone | \$ _____ |
| | Automobile Payments | \$ _____ |
| Transportation | Gasoline | \$ _____ |
| | Medical | \$ _____ |
| Insurance | Life | \$ _____ |
| | Automobile | \$ _____ |
| | Doctors | \$ _____ |
| Medical | Hospital | \$ _____ |
| | Medication | \$ _____ |
| | Charge Accounts (Specify): | _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| Loans (Specify) | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| Taxes (Specify) | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| Other Expenses (Specify) | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| Total Monthly Expenses | | \$ _____ |

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary _____
Employer's Name _____ \$ _____

Bonus, Tips, & Commissions \$ _____

Dividends & Interest \$ _____

Real Estate Income \$ _____

Farm Income \$ _____

Other: (Please State: Alimony, Child Support, Other)

Type _____ \$ _____

Type _____ \$ _____

Type _____ \$ _____

Type _____ \$ _____

TOTAL SOURCES OF MONTHLY INCOME \$ _____

9. Please list three reference. (May not be a director or employee of Santee Electric Cooperative or the Santee Electric Trust.)

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

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

