

PLEASE READ BEFORE COMPLETING APPLICATION
INCOMPLETE APPLICATIONS WILL BE DENIED

You must be a Snapping Shoals EMC customer for at least six (6) months and be current on your Snapping Shoals bill to apply for Operation Round Up assistance.

Please complete and return the enclosed form by _____ so that your application will be considered for approval at the next Snapping Shoals Electric Trust Board meeting on _____.

Every line item on the application must be completed with copies of bills for which you are requesting assistance or with proper documents in order for the Board to consider your application; otherwise, the application will be denied. Please be sure to include the dollar amount you are requesting. All applications must include a copy of your current pay stub and a copy of your latest tax return. If you are requesting assistance with bills, such as water, basic telephone, doctor, dental or medical, you must include copies of recent bills with your application. Any bills over six (6) months old will not be considered. Hospital, cell phone and cable TV bills are also not paid and funds are not available to buy or repair vehicles. **Operation Roundup does not pay electric bills or natural gas bills. You must also be current on your Snapping Shoals EMC bill when you submit your application.**

Rent or mortgage assistance and home repairs

Rent or mortgage assistance requires a recent doctor's statement saying there is a "catastrophic" medical need in your home. "Catastrophic" means an illness, such as cancer or stroke, or an accident that causes you to be out of work. **If you are more than two (2) months behind in rent or mortgage, in foreclosure or bankruptcy, the Board will not consider your request.** If you are requesting rent assistance, a copy of your rental agreement must be included with your application. Assistance for emergency repair work to your home, not including routine maintenance, requires at least three (3) detailed quotations. Proof of ownership of your home must be provided. There is a one-time only approval for rent, mortgage or home repairs.

Medical/health needs

There is no limit for assistance with medical/health needs, such as medicine, medical equipment, doctors bills, dental care and eye care, but any medical or dental bills that are over 6 months old may not be considered unless the Board sees otherwise. Requests for medical/health assistance from repeat applicants will be decided based on need. Due to the Privacy Act, the applicant will be responsible for getting the correct bills for submission. **At least two estimates are required for dental assistance.**

If you are disabled, please provide proper documentation from the doctor with application.

A Trust Board Director will be assigned to your application. The Director may contact you by telephone or visit you. **YOU WILL BE CONTACTED BY MAIL OR BY PHONE AFTER THE BOARD MEETING WITH THE BOARD'S DECISION REGARDING YOUR APPLICATION. Please call 770-385-2737 if you have any questions.**

If disabled, provide documentation from your doctor.

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

If not working, give reason why: _____

(1) _____
Name Supervisor

Address Phone

(2) _____
Name Supervisor

Address Phone

6. **Enter Dollar Amount You are Requesting \$ _____**
What are funds to be used for? (be specific)

Have you received funds before from Operation Roundup?

Yes ___ No ___ If yes, what for and amount _____

Explain the circumstances that have prompted your need of assistance.

7. **Is individual or family receiving any other form of assistance or aid for above stated request (donation, insurance, etc.)? Yes ___ No ___**
If yes, please list:

8. Statement of Financial Condition as of _____, 20 ____.

ASSETS

AMOUNTS

Cash - Amount in Checking Account \$ _____
Amount in Savings Account \$ _____
Stocks and/or Bonds \$ _____

Real Estate (House, Land, Rental Property)

_____	_____	\$ _____	\$ _____
Home	County	Market Value	Balance Owed
_____	_____	\$ _____	\$ _____
Rental Property	County	Market Value	Balance Owed
_____	_____	\$ _____	\$ _____
Land	County	Market Value	Balance Owed

Please list your vehicles (year and model), Life Insurance (cash value) and any other assets.

_____	\$ _____
	Value
_____	\$ _____
	Value
_____	\$ _____
	Value
<u>TOTAL ASSETS</u>	\$ _____

LIABILITIES

AMOUNTS

Notes Payable

_____	\$ _____
Lender's Name	
_____	\$ _____
Lender's Name	

Mortgage

_____	\$ _____
Mortgagor's Name	

Mortgagor's Address	

Rent

_____	\$ _____
Landlord Name & Mailing Address	
Landlord Phone Number	_____

Other Debts (State Type: Taxes, Bills Outstanding, Credit Cards & Other)

_____	\$ _____
Type	
_____	\$ _____
Type	

TOTAL LIABILITIES

\$ _____

SOURCES OF MONTHLY INCOME

AMOUNTS

Applicant's Monthly Salary _____ \$ _____
Employer's Name

Spouse's Monthly Salary _____ \$ _____
Employer's Name

Bonus, Tips, & Commissions _____ \$ _____

Dividends & Interest _____ \$ _____

Real Estate Income _____ \$ _____

Farm Income _____ \$ _____

Other: **Retirement, Disability, Social Security, Alimony, Child Support, Food Stamps**

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

TOTAL SOURCES OF MONTHLY INCOME

\$ _____

The information contained in this statement is for the purpose of obtaining funding from the Snapping Shoals Electric Trust, Inc., on behalf of the undersigned applicant/recipient. Each of the 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 Snapping Shoals Electric Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided by the undersigned. The Snapping Shoals Electric Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

In furnishing financial assistance, it is expressly understood that the Snapping Shoals Electric Trust, Inc. and its Board of Directors, neither singularly nor jointly accepts any liability for the product furnished or work performed as a result of the allocation of funds.

Each of the undersigned hereby agrees to indemnify and hold harmless the Snapping Shoals Electric Trust, Inc., its directors, officers, employees, and agents and Snapping Shoals Electric Membership Corporation, its directors, officers, employees, and agents (“Indemnitees”) from and against any and all claims, losses, damages, liabilities, suits, cost and expenses (including attorneys’ and experts’ fees and expenses) (herein referred to as a “Claim”) incurred by or asserted against any of the undersigned as a result of or in connection with (1) any investigation or inquiry into this application of any kind whatsoever made by Indemnitees including, without limitation, inquiry into the financial status of the undersigned or validity of the undersigned’s request, liabilities, assets, or anything related to the application whatsoever; and (2) any damages resulting from the product furnished or work performed as a result of the allocation of funds. The undersigned further acknowledges and covenants that, in consideration for the application and any assistance received by the undersigned from the Snapping Shoals Electric Trust, Inc., the undersigned has knowingly relinquished, waived and forever released any and all damages and remedies which might otherwise be available to the undersigned, including, without limitation, claims for breach or invasion of privacy, warranty claims, contract or tort damages of any type, claims for legal or equitable relief under either federal or state statutory and common law. The undersigned further acknowledges and covenants not to sue Indemnitees, or to participate or aid in any way in any suit or proceeding (except as required by law) against Indemnitees or to execute, seek to impose, collect or recover upon, or otherwise enforce or accept any judgment, decision, award, warrant or attachment upon any claim released by the undersigned herein.

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE