



Snapping Shoals Electric Trust, Inc.
"Small Change That Changes Lives"

Individual Application

GUIDELINES FOR OPERATION ROUND UP

PLEASE READ BEFORE COMPLETING APPLICATION **INCOMPLETE APPLICATIONS WILL BE DENIED**

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 _____.

INDIVIDUAL APPLICATION GUIDELINES

1. Applicants must be active electric members of Snapping Shoals EMC at least 6 months to be eligible to apply for assistance, and not be in arrears to SSEMC when application is submitted.
2. An applicant that has ever tampered with or had unauthorized use of electricity will automatically be disqualified.
3. All applications must include all sources of monthly income when applicable (pay stub, Retirement, Disability, or Social Security) **and a copy of the most recent tax return.**
4. **All applications must be filled out completely.** This will be enforced by the Executive Assistant of Snapping Shoals. Applicant must sign the notice included in the application stating that incomplete applications will not be honored and will be returned for completion, which will result in a delay of the Board's response.
5. When an individual needs assistance in filling out the application, the person assisting in filling out the application should indicate who they are and how they may be contacted.
6. The Trust Board will not use Operation Round Up funds to pay for funerals, hospital bills, credit card bills, to purchase automobiles or trucks, vehicle insurance or tags, cable TV, long distance calls, cellphones, routine home maintenance, car repairs or for electric power bills or natural gas bills.
7. Requests must be for specific amounts of money and for specific needs or projects. All applications must include copies of the bills, bids or estimates. **Screenshots of bills or sources of income will not be accepted.**
8. Due to the Privacy Act, the applicant will be responsible for submitting correct bills for submission.
9. **Individuals or families may apply once in a 12-month period and may receive assistance a maximum of three (3) times in ten (10) years.**
10. Applicants are not allowed to attend Trust Board meetings.
11. Applications denied due to incomplete forms or missing information will be held for one additional Operation Round Up cycle. After the following Operation Round Up cycle, the application will be shredded.



Individual Application

CRITERIA

RENT/MORTGAGE/HOME REPAIR ASSISTANCE

- The maximum amount to be approved for rent or mortgage assistance to \$1,200.00.
- If a mortgage is in bankruptcy, foreclosure, or more than two (2) months behind at the date of the application due date, the application is not eligible.
- If the applicant's rent is more than two (2) months behind at date of the application due date, the application is not eligible.
- Rent/mortgage applicants are limited to those with a catastrophic illness or those who have had an accident that causes the applicant to be out of work or to have lost their job with proof of job loss. A medical statement from the doctor is required. Applicant should get permission for board members to speak with the doctor whenever it is necessary.
- **There is a once-in-a-lifetime approval for rent or mortgage assistance.**
- If the applicant has been fired or quit their job, they are not eligible.
- Proof of ownership of the home or lease of the apartment must be provided.
- Roommates of electric customers are not eligible to apply unless they are family members and have proof of residence. (Family members are defined as spouse, mother, father, children, grandchildren, stepchildren, and guardianship)
- When an application is submitted for emergency repairs on a house, estimates must be attached to the application that include the type of repair, the quantity and quality of materials to be used. Ordinarily three (3) bids will be required before the application can be approved.
- Home Depot, Lowe's, or any large home improvement store quotes will not be considered an estimate. A vendor or contractor's name must be listed for the third-party check to be issued.

MEDICAL ASSISTANCE

- Doctor, dental or medical bills that are more than 6 months old may not be considered.
- Two estimates are required for dental assistance and hearing aids.
- Requests for medical/health assistance from repeat applicants will be decided based on need.
- Requests for braces are generally not eligible due to their cosmetic nature. Requests for braces may be considered if the applicant demonstrates a bona fide medical necessity and overall financial need.

Send your completed and signed application with ALL attachments to:

Operation Round Up
Snapping Shoals EMC
P.O. Box 509
Covington, GA 30015

You may also drop off your application at either of our office locations between 8 a.m. and 5 p.m.

**14750 Brown Bridge Road
Covington, GA 30016**

or

**190 Fairview Road
Ellenwood, GA 30049**



Individual Application

MEMBER INFORMATION:

1. Are you a relative of an employee or director of Snapping Shoals EMC or Snapping Shoals Electric Trust?
Yes _____ No _____ If yes, how? _____

2. Name and Telephone number of Person completing Form: _____

3. Applicant's Name (SSEMC member) _____
Last First Middle

4. Address _____

5. (City) _____ (State) _____ (Zip Code) _____

6. County _____ Phone: _____

7. Snapping Shoals Acct # _____ Last four of SS# _____ Age _____

8. Other Members of Household:

	Last Name Annual	First	Middle	Last 4 of SS#	Age	Relationship	Total Income
a.	_____	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____	_____	_____

9. List three references OTHER than relatives. (May not be a director or employee of Snapping Shoals Electric Cooperative or Snapping Shoals Electric Trust.) **MUST BE LOCAL TO THE SNAPPING SHOALS SERVICE AREA.**

a. _____
First and Last Name Phone # Relationship

Address City State Zip

b. _____
First and Last Name Phone # Relationship

Address City State Zip

c. _____
First and Last Name Phone # Relationship



Individual Application

10. Employer of Applicant (#3) and Members of Household (#8) from previous page.

a.	_____	_____	_____
	Name	Employer	Supervisor
	_____	_____	_____
	Employer's address		phone number
b.	_____	_____	_____
	Name	Employer	Supervisor
	_____	_____	_____
	Employer's address		phone number
c.	_____	_____	_____
	Name	Employer	Supervisor
	_____	_____	_____
	Employer's address		phone number
d.	_____	_____	_____
	Name	Employer	Supervisor
	_____	_____	_____
	Employer's address		phone number

If not working, give reason why: _____

If disabled, provide documentation from your doctor.

REQUEST:

11. Enter Dollar Amount You are Requesting \$ _____

12. How will the funds be used? **(Be specific)** _____

13. Have you received funds before from Operation Round Up?

Yes ____ No ____ If yes, what for and amount received. _____

14. Explain the circumstances that have prompted your need for assistance _____

15. Is applicant or family receiving any other form of assistance or aid for above stated request (donation, insurance, etc.)? Yes _____ No _____

If yes, please list: _____



Individual Application

16. Statement of Financial Condition as of _____, 20_____.

ASSETS (owned by applicant and has value)

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
_____		\$ _____	\$ _____
Home	County	Market Value	Balance Owed
_____		\$ _____	\$ _____
Home	County	Market Value	Balance Owed
Vehicles			
_____		\$ _____	\$ _____
Year	Model	Market Value	Balance Owed
_____		\$ _____	\$ _____
Year	Model	Market Value	Balance Owed
_____		\$ _____	\$ _____
Year	Model	Market Value	Balance Owed
Life Insurance or any other assets			
_____			\$ _____
_____			\$ _____
_____			\$ _____
<u>TOTAL ASSETS</u>			\$ _____



Individual Application

LIABILITIES (debt or financial obligation)

AMOUNTS

Notes Payable

_____ \$ _____
Lender's Name

_____ \$ _____
Lender's Name

Mortgage

_____ \$ _____
Mortgagor's Name

Mortgagor's Address

Rent

_____ \$ _____
Landlord's Name

_____ Landlord's Address _____ Landlord's phone number

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

_____ \$ _____
Other Debts

_____ \$ _____
Other Debts

_____ \$ _____
Other Debts

_____ \$ _____
Other Debts

_____ \$ _____
Other Debts

TOTAL LIABILITIES \$ _____



Individual Application

MONTHLY EXPENSES – Please enter your MONTHLY PAYMENTS and not the balances in the right column by the dollar sign.

	<u>AMOUNTS</u>
Housing	
Mortgage.....	\$ _____
Rent.....	\$ _____
Food.....	\$ _____
Utilities (Monthly payment only)	
Electricity.....	\$ _____
Gas	\$ _____
Telephone.....	\$ _____
Cell Phone.....	\$ _____
Water	\$ _____
Cable TV.....	\$ _____
Transportation	
Automobile Payments	\$ _____
Gasoline.....	\$ _____
Insurance	
Medical.....	\$ _____
Life	\$ _____
Automobile	\$ _____
Homeowner or Rent	\$ _____
Medical	
Doctors	\$ _____
Hospital	\$ _____
Medication	\$ _____
Charge Accounts (Specify)	
_____	\$ _____
_____	\$ _____
Loans (Specify)	
_____	\$ _____
_____	\$ _____
Taxes (Specify)	
_____	\$ _____
_____	\$ _____
Other Expenses (Specify)	
_____	\$ _____
_____	\$ _____
<u>TOTAL MONTHLY EXPENSES</u>	\$ _____



Individual Application

SOURCES OF MONTHLY INCOME

AMOUNTS

Applicant's Monthly Salary _____ Employer's Name _____	\$ _____
Spouse's Monthly Salary _____ Employer's Name _____	\$ _____
Other Household Member's Monthly Salary _____ Employer's Name _____	\$ _____
Other Household Member's Monthly Salary _____ Employer's Name _____	\$ _____
Bonus, Tips, and Commissions _____	\$ _____
Dividends and Interest _____	\$ _____
Real Estate Income _____	\$ _____
Farm Income _____	\$ _____
Other:	
Other _____	\$ _____
Other _____	\$ _____
Retirement	\$ _____
Disability	\$ _____
Social Security	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Food Stamps	\$ _____
<u>TOTAL SOURCES OF MONTHLY INCOME</u>	\$ _____



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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 judgement, decision, award, warrant or attachment upon any claim released by the undersigned herein.

Signature of Applicant/Recipient

Signature of Spouse

Date