

Big Country Electric Cooperative Trust
Operation Roundup Program

P. O Box 518
Roby, TX 79543
(325) 776-2244



**For assistance completing
this application, please
contact Sarah McLen at
(325) 776-3803.**

INDIVIDUAL/FAMILY APPLICATION FOR ASSISTANCE

1. Applicant Name: _____
Last First MI Age

2. Other Members of Household:

- a. _____
Last First MI Age Relationship to Applicant
- b. _____
Last First MI Age Relationship to Applicant
- c. _____
Last First MI Age Relationship to Applicant
- d. _____
Last First MI Age Relationship to Applicant
- e. _____
Last First MI Age Relationship to Applicant

3. Address:

_____ 911 Physical Address Mailing Address
_____ City State Zip Code

4. Phone Number: _____
Cell/Home Work or Other Alternate Contact Number

5. Amount Requested: \$ _____

Operation Round Up cannot provide assistance for Big Country Electric Cooperative electric bills.

6. Explanation and specific description for use of amount requested: _____

Submit proof for amount requested with application. For example: quote or estimate, or copy of bill(s). Applications submitted without proper documentation will not be eligible for consideration.

7. Employment History of Applicant and Other Adult Members of Household Listed in (1) and (2):

(1) Applicant/employee name: _____

Employed _____ Unemployed _____ Dates of employment _____

Name of Employer _____

Employer Address: _____

911 Physical Address

Mailing Address

City

State

Zip Code

Supervisor Name: _____ Supervisor Phone Number: _____

Reason for unemployment: _____

(2) Applicant/employee name: _____

Employed _____ Unemployed _____ Dates of employment _____

Name of Employer _____

Employer Address: _____

911 Physical Address

Mailing Address

City

State

Zip Code

Supervisor Name: _____ Supervisor Phone Number: _____

Reason for unemployment: _____

(3) Applicant/employee name: _____

Employed _____ Unemployed _____ Dates of employment _____

Name of Employer _____

Employer Address: _____

911 Physical Address

Mailing Address

City

State

Zip Code

Supervisor Name: _____ Supervisor Phone Number: _____

Reason for unemployment: _____

ASSETS:

		<u>Amount or Value</u>
Cash	_____	\$ _____
	Bank Name _____ Account Number _____	
	_____	\$ _____
	Bank Name _____ Account Number _____	
House Value	_____	\$ _____
	Owned, Financed or Renting _____	(if owned or financed)
Land	_____	\$ _____
	Owned or Financed _____	
Investments	_____	\$ _____
	Stocks, Bonds, Mutual Funds, 401k, IRA, etc.	
Life Insurance	_____	\$ _____
Vehicles	_____	\$ _____
	Year _____ Make _____ Model _____	
	_____	\$ _____
	Year _____ Make _____ Model _____	
Other	_____	\$ _____
	(Boats, ATVs, Motorcycles, etc.)	
TOTAL ASSETS:		\$ _____

DEBTS:

Loans	_____	\$ _____
	Lender's Name _____	
	_____	\$ _____
	Lender's Name _____	
	_____	\$ _____
	Lender's Name _____	
Credit Cards	_____	\$ _____
	Lender's Name _____	
	_____	\$ _____
	Lender's Name _____	
	_____	\$ _____
	Lender's Name _____	
Mortgage	_____	\$ _____
	Lender's Name & Address _____	
Other Debts (Taxes, Outstanding Bills, etc.)		
	_____	\$ _____
	Debt Type/ Owed To _____	
	_____	\$ _____
	Debt Type/ Owed To _____	
	_____	\$ _____
	Debt Type/ Owed To _____	
TOTAL DEBTS:		\$ _____

MONTHLY EXPENSES:

		<u>Amount</u>
Housing	Mortgage_____ Rent_____	\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Water	\$ _____
Food & Groceries		\$ _____
Communications	House Phone	\$ _____
	Cell Phone	\$ _____
	Internet	\$ _____
	TV/Cable	\$ _____
Transportation	Vehicle Payment(s)	\$ _____
	Fuel	\$ _____
	Insurance	\$ _____
Medical Expenses	Doctors	\$ _____
	Hospital	\$ _____
	Medication	\$ _____
	Insurance (Health, Life, Dental, Vision)	\$ _____
Other Expenses	(Taxes, debt & loan payments, etc.)	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES:		\$ _____

Please list three references. Complete names, current addresses, and working telephone numbers are *REQUIRED*. No director or employee of Big Country Electric Cooperative or the Big Country Electric Cooperative Trust may be listed.

Name	Relationship	Phone Number
Physical & Mailing Address	City	State Zip Code
Name	Relationship	Phone Number
Physical & Mailing Address	City	State Zip Code
Name	Relationship	Phone Number
Physical & Mailing Address	City	State Zip Code

INCOME:

List and submit proof of income. Applications submitted without proof of income will not be eligible for consideration.

		Amount
Wages	_____	\$ _____
	Source(s)	
Bonuses, Tips, Commissions	_____	\$ _____
	Source(s)	
Investment Earnings	_____	\$ _____
	Source(s)	
Rental Income	_____	\$ _____
Social Security/SSI	_____	\$ _____
Child Support/Alimony	_____	\$ _____
Food Stamps/WIC/SNAP	_____	\$ _____
Unemployment	_____	\$ _____
Other Income	_____	\$ _____
TOTAL MONTHLY INCOME:		\$ _____

Please list other assistance applied for or receiving:

Social Security/SSI	Yes___	No___	If Yes, \$ _____
Food Stamps/WIC/SNAP	Yes___	No___	If Yes, \$ _____
Unemployment	Yes___	No___	If Yes, \$ _____
Church	Yes___	No___	If Yes, \$ _____
Charitable Organizations	Yes___	No___	If Yes, \$ _____

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

Signature of Applicant

Date

Applicant Printed Name

Signature of Spouse or Joint Applicant

Date

Spouse or Joint Applicant Printed Name

Applications may be returned to: Big Country Electric Cooperative Trust, Attn.: Sarah McLen.

Mail: P.O. Box 518
Roby, TX 79543

Fax: (325) 776-2246

Email: smclen@bigcountry.coop