

APPLICATION FOR DONATION – INDIVIDUAL AND/OR FAMILY

Osage Valley Electric Community Trust
PO Box 470, Butler MO 64730
660-679-3131
Fax 660-679-3142

Office Use Only
Assisted Previously _____
Denied Previously _____

Today's Date _____

F. Name _____ Mid.Int. _____ L. Name _____ Age _____
Address _____ Town _____ Zip _____
Phone _____ Cell Phone _____ Work Phone _____

How long have you lived at this address? _____ All other persons living at this address:

Name _____	relationship _____	Age _____
Name _____	relationship _____	Age _____
Name _____	relationship _____	Age _____
Name _____	relationship _____	Age _____
Name _____	relationship _____	Age _____
Name _____	relationship _____	Age _____

List current employers for all adults listed above

Employer: _____ Phone _____

Wages & Tips: _____

Employer: _____ Phone _____

Wages & Tips: _____

Previous Employer: _____ Dates worked _____ Phone _____

How did you find out about the Round Up Program? _____

Are you or anyone in your household a member of Osage Valley Electric Cooperative? YES NO

If so, do you participate in Operation Round Up? YES NO

Reason for request and amount needed _____

(If you are requesting payment of bills include copies of the bills.)

Do you rent? YES NO Monthly Rent Amount \$ _____

Landlord's name, address and phone ***(Must have complete address of landlord for application to be considered)*** _____

Do you own your home? YES NO Value \$ _____ Monthly Mortgage Amount \$ _____

Mortgage Company, COMPLETE address and phone _____

Do you own a car? YES NO Make and Model _____ Amount of payment(s) \$ _____

List any other property and estimated value _____

List all other bills you owe each month and average amount

Amount

Copies of bills MUST be attached if you are requesting payment.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List any PAST DUE bills:

Amount

_____	_____
_____	_____
_____	_____

List any credit card debt you have:

Monthly Payment

Total Amount Owed

_____	_____	_____
_____	_____	_____
_____	_____	_____

List all sources of income for your address

Be sure to include SSI, AFDC, Disability, Unemployment, Child support, Spend-down, & Food stamps.

Amount

_____	_____
_____	_____
_____	_____
_____	_____

Have you received assistance from Round Up before?

Yes

No

If yes when and what for. _____

Have you been denied assistance from Round Up before?

Yes

No

List three references: **(Must be completed and someone other than family members)**

Name	Address	Phone #	Best Time to Call
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your signature releases full consent for the Osage Valley Electric Community Trust and its affiliates to gather information on your behalf regarding both financial and medical account information.

Signature of Applicant

Signature of Co-applicant or Friend

APPLICATION MUST BE COMPLETELY FILLED OUT!