

Oahe Electric Cooperative, Inc. Operation Rounds Up® Fund
P.O. Box 216
Blunt, SD 57522
Phone: 605/962-6243 or 1-800-640-6243 Fax: 605/962-6306
Attn: Sam Irvine, Operation Round Up® Coordinator

Application for Individual and/or Family

Please be sure application is complete and all requested information is provided. Incomplete applications will be returned without consideration from the Board of Trustees.

1. Name: _____
Last First Middle

2. Address: _____
Street or Post Office Box

City or Town State Zip County

3. Phone Number: _____
Home Work Cell

4. Name of person making the request (if different from recipient):

Last First Relationship to Recipient

Home Work Cell
Email Address: _____

5. List other members of the household, including children and legal dependants:

A. _____
Name Relationship Age

B. _____
Name Relationship Age

C. _____
Name Relationship Age

D. _____
Name Relationship Age

E. _____
Name Relationship Age

6. Employer of those listed in No. 1 and No. 5 above:

1 _____
Employer Name Supervisor

Address Phone Number Years of employment

5A _____
Employer Name Supervisor

Address Phone Number Years of employment

5B _____
Employer Name Supervisor

Address Phone Number Years of employment

5C _____
Employer Name Supervisor

Address Phone Number Years of employment

5D _____
Employer Name Supervisor

Address Phone Number Years of employment

5E _____
Employer Name Supervisor

Address Phone Number Years of employment

7. Amount of request: \$ _____

Reason for request of funds (include the specific use of funds. Include attachment if needed): _____

8. 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:

Agency name Amount Contact person Phone

Agency name Amount Contact person Phone

Agency name	Amount	Contact person	Phone
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Agency name	Amount	Contact person	Phone
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9. Monthly Income Information – please list combined totals for all people listed in No. 1 and No. 5:

Salary/Wages-----\$ _____

Bonus, Tips, and other Compensations-----\$ _____

Dividends and Interest-----\$ _____

Real Estate Income-----\$ _____

Farm Income-----\$ _____

Other (please state: alimony, child support, social security, etc.)

_____-----\$ _____
Type

_____-----\$ _____
Type

_____-----\$ _____
Type

_____-----\$ _____
Type

TOTAL SOURCES OF MONTHLY INCOME-----\$ _____

10. Monthly Expense Information- please list combined totals for all people listed in No. 1 and No. 5:

Housing-----Mortgage_____ or Rent_____-----\$ _____

Food-----\$ _____

Utilities-----Electricity \$ _____

Gas/Propane \$ _____

Telephone \$ _____

Water/Sewer \$ _____

Cable/Satellite \$ _____

Transportation-----Auto payments \$ _____

Gasoline \$ _____

Insurance-----Medical \$ _____

Life \$ _____

Auto \$ _____

Home/Renters \$ _____

Medical-----Doctors \$ _____

Hospital \$ _____

Medication \$ _____

Charge Accounts--- \$ _____

(specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Loans----- \$ _____

(specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Taxes----- \$ _____

(specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Other Expenses----- \$ _____

(specify: childcare, _____ \$ _____

child support, etc.) _____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

11. Assets- please list combined totals for all people listed in No. 1 and No. 5:

Cash _____ \$ _____

Banking Institution Acct. No. _____

_____ \$ _____

Banking Institution Acct. No. _____

_____ \$ _____

Banking Institution Acct. No. _____

_____ \$ _____

Banking Institution Acct. No. _____

Real Estate – include all “physical property”, such as house, mobile home, land, etc.

_____ \$ _____

Partial of Wholly Owned County Market Value

_____ \$ _____

Partial or Wholly Owned	County	Market Value
		\$ _____
Partial or Wholly Owned	County	Market Value
		\$ _____
Partial or Wholly Owned	County	Market Value

Personal Property- vehicles, valuables, loans receivable, etc.

_____	Type	Value
		\$ _____
_____	Type	Value
		\$ _____
_____	Type	Value
		\$ _____
_____	Type	Value

TOTAL VALUE OF ALL ASSEST \$ _____

12. Liabilities- please list combined totals for all people listed in No. 1 and No.5:

Notes Payable – auto or student loans, short-term cash loans, credit card debt, etc.

_____	_____	Outstanding Balance
		\$ _____
_____	_____	Outstanding Balance
		\$ _____
_____	_____	Outstanding Balance
		\$ _____
_____	_____	Outstanding Balance

Mortgage – on house or property

_____	_____	Outstanding Balance
		\$ _____
_____	_____	Outstanding Balance
		\$ _____
_____	_____	Outstanding Balance
		\$ _____
_____	_____	Outstanding Balance

All other debts – personal property and real estate taxes, outstanding bills, etc.

_____	Type	Value
		\$ _____
_____	Type	Value
		\$ _____
_____	Type	Value
		\$ _____
_____	Type	Value

TOTAL LIABILITIES

\$ _____

13. Provide contact information for at least three people (non-relatives) who can provide a reference and additional information about your need for assistance. The Board will check references (references may not be given by a director or an employee of Oahe Electric Cooperative, Inc., or a member of the Operation Round Up® Board of Trustees).

1. _____

Name		Phone	
Address	City	State	Zip

2. _____

Name		Phone	
Address	City	State	Zip

3. _____

Name		Phone	
Address	City	State	Zip

The information contained in this statement is for the purpose of obtaining funding from Oahe Electric Cooperative, Inc.'s Operation Round Up® Fund. The undersigned understands that the information provided herein is used in deciding to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that Oahe Electric Cooperative, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. **The Board of Trustees for Operation Round Up® are authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.**

As a condition of receiving and accepting these funds, the undersigned acknowledges that any funds received are to be considered a loan until appropriately spent for the purpose stated, and that any funds not to expended must be repaid on demand to Oahe Electric Cooperative, Inc. Operation Round Up® Fund.

I agree to the terms stated above.

Signature of Applicant/Recipient

Date