



Sulphur Springs Valley Electric Cooperative, Inc.

A Touchstone Energy® Cooperative 

Attached is an Application for Operation Round Up® Assistance. SSVEC's Operation Round Up® is funded primarily by SSVEC members' contributions. Members have the option of having their monthly electric bill "rounded-up" to the next dollar. This amount is then donated to the fund.

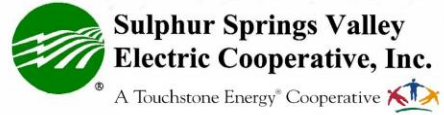
Operation Round Up® is designed to alleviate some of the desperate human situations resulting from natural disasters like floods, extraordinary emergencies like fires, mental or physical disability, or domestic violence. The funds will only be used to benefit individuals families, and organizations within the Cooperative's service area. The intent of the Operation Round Up® Program is to help families cope with emergencies, illnesses and special medical needs and aid community and emergency service providers in their efforts to improve the quality of life for our less fortunate neighbors and support each community's health, safety and well-being.

The SSVEC Board has developed guidelines that help them evaluate all requests. The funds are not used for any political purpose. Because the cooperative administers the program, we cannot legally "pay ourselves" by providing assistance with electric bills. Therefore, we do not provide assistance for any utility bill payments.

Each application for assistance is reviewed and the determination is based on the circumstances. Please be aware:

- It is intended as a one time grant.
- It is for a situation clearly beyond control of the individual.
- It is for payment of expenses and bills to deal with this situation and not for payment of past debts.

If you would like more information about the program or require assistance in completing the application, please call me at 384-5510. Completed applications should be dropped off at any SSVEC office or mailed to **SSVEC; Attention: Wayne Crane; P.O. Box 820; Willcox, AZ 85644-0820.**



Operation Round-up Application for Assistance

Personal Information:

Date:

Last Name:	First:	Middle:
Spouse's Last Name:	First:	Middle:

Other Family Members Who Reside in the Household:

a) Last:	First:	Under 18: yes / no	Relationship:
b) Last:	First:	Under 18: yes / no	Relationship:
c) Last:	First:	Under 18: yes / no	Relationship:
d) Last:	First:	Under 18: yes / no	Relationship:
e) Last:	First:	Under 18: yes / no	Relationship:
Address:		City:	State: Zip:
Phone Home:	Work:	Message:	SSVEC Account Number:

<p>Amount of Donation Requested from Operation Round Up: \$</p>
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<p>Specific Use of Funds:</p>

<p>Explain the circumstances that have led to your current situation. (The extent of the detail you're willing to provide will allow SSVEC to make the most informed decision possible.) Use the back of this sheet if necessary.</p>
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Monthly Expenses

Housing: <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent		Amount: \$
Utilities:	Gas Electricity Water/Sewage Telephone	\$ \$ \$ \$
Transportation:	Gasoline Carpool	\$ \$
Insurance	Medical Life Automobile	\$ \$ \$
Medical	Doctors Hospital Medication	\$ \$ \$
Food		\$
Taxes Please Specify:		\$
Other Expenses Please Specify:		\$

TOTAL MONTHLY EXPENSES: \$

Assets *Please include all property whether it is completely paid for or not.*

Checking Banking Institution:	Account Number:	Amount: \$
Savings Banking Institution:	Account Number:	Amount: \$
Other Securities: Type of Account: Banking Institution:	Account Number:	Amount: \$
Other Accounts: Type of Account: Banking Institution:	Account Number:	Amount: \$
Assets continued:		
Real Estate: Primary Residence Full / Partial Ownership	County:	Market Value: \$
Real Estate: Secondary Full / Partial Ownership	County:	Market Value: \$
Real Estate: Rental Full / Partial Ownership	County:	Market Value: \$
Other Assets: <i>State the type: (Personal property, loan receivable, vehicle, life insurance cash value, or other assets)</i>		
Type / Description:	Account Number:	Value: \$
Type / Description:	Account Number:	Value: \$
Type / Description:	Account Number:	Value: \$
TOTAL ASSETS: \$		

Liabilities *Please include all property you are currently making payments on.*

Accounts Payable:			
Real Estate: Mortgage Creditor:	Account Number:	Current Balance Owing: \$	Monthly Payment: \$
Real Estate: Secondary Creditor:	Account Number:	Current Balance Owing: \$	Monthly Payment: \$
Auto Loan: Creditor:	Account Number:	Current Balance Owing: \$	Monthly Payment: \$
Auto Loan: Creditor:	Account Number:	Current Balance Owing: \$	Monthly Payment: \$
Credit Card: Creditor:	Account Number:	Current Balance Owing: \$	Monthly Payment: \$
Credit Card: Creditor:	Account Number:	Current Balance Owing: \$	Monthly Payment: \$
Other: Creditor:	Account Number:	Current Balance Owing: \$	Monthly Payment: \$
Liabilities (cont):			
Other: Creditor:	Account Number:	Current Balance Owing: \$	Monthly Payment: \$
Other: Creditor:	Account Number:	Current Balance Owing: \$	Monthly Payment: \$
TOTAL LIABILITIES: \$			

The information in this statement is for the sole purpose of obtaining emergency funding from the SSVEC Charitable Trust in 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 us true and complete and that the SSVEC Trust may consider this statement as continuing to be true and correct until a written notice of change is provided. The SSVEC Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Date

Signature of Applicant

Signature of Spouse

SSVEC Use Only:

Signature of SSVEC CEO