

Application for Donation for Individual and/or Family

Checklist

For eligibility of assistance to be determined and your application to be processed, the following items must be completed and attached with the application:

- _____ **All areas of information on the application must be completed correctly.** If it is not completed with the appropriate attachments, then the processing of your application will be delayed.
- _____ Employment or **Income Verification for the Entire household must be attached.** If you receive retirement, social security or other types of income, then verification must be attached.
- _____ The **dollar amount of the request** must be indicated on the application.
- _____ Circumstances and **“Why” there is a need** must be indicated.
- _____ The **cost(s) from the provider of services** must be attached for any request and 2-3 quotes are requested. Example:
- If you are requesting assistance with prescription medications, a copy of the cost of the medication from the pharmacy must be attached.
 - If you are requesting assistance with an upcoming medical procedure, then the cost of the medical treatment must be attached.

PLEASE NOTE:

- *Assistance to pay **utilities, past due bills, rent, telephone or mortgages will not be granted.**
- *Applicants **can only apply two (2) times in five (5) years** and it cannot be in the same year.
- *All **checks are made payable directly to the provider of service** and not to the applicant.

Should you have any questions, please feel free to contact Hanna Cheek, Marketing & Communications.

MARLBORO ELECTRIC TRUST

Post Office Box 1057

Bennettsville, South Carolina 29512

(843) 479-3855

**APPLICATION FOR DONATION
FOR INDIVIDUAL AND/OR FAMILY**

1. Name: _____
Last First Middle Date of Birth

2. Address: _____
Street and Post Office Box(if applicable)

City or Town State Zip Code

3. Phone Number: _____
Home Cell Work

4. Other Members of Household:

| Last Name | First | Middle | Relationship | Date of Birth |
|-----------|-------|--------|--------------|---------------|
| a. _____ | | | | |
| b. _____ | | | | |
| c. _____ | | | | |
| d. _____ | | | | |

5. List other relatives not living in household with their City & State: _____

6. **REASON for Request** of donation & specific use of funds. **Explain the circumstances** in detail.

7. **Amount of Request:** \$ _____

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:

9. Who is your **electric provider**? _____
What name is the account listed in? _____

10. Has the applicant applied for Trust assistance previously? Yes or No. If so, when? _____

11. Do you or someone in your household receive **disability benefits**? Yes _____ No _____
 If so, please indicate the beginning date and reason. _____

MONTHLY EXPENSES

AMOUNTS

Housing Mortgage _____ Rent _____ \$ _____

Food \$ _____

Utilities Electricity \$ _____
 Gas \$ _____
 Telephone \$ _____

Transportation Automobile Payments \$ _____
 Gasoline \$ _____

Insurance Medical \$ _____
 Life \$ _____
 Automobile \$ _____

Medical Doctors \$ _____
 Hospital \$ _____
 Medication \$ _____

Charge Accounts _____ \$ _____
 (Specify) _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Loans (Specify) _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Taxes (Specify Monthly amount & type) _____ \$ _____
 _____ \$ _____

Other Expenses _____ \$ _____
 (Specify) _____ \$ _____
 _____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

12. Cash Balance _____ \$ _____
 Banking Institution

13. MONTHLY INCOME OF ENTIRE HOUSEHOLD

| | |
|---|----------------|
| Employee's Name, Current Employment , City/State & number of years | Monthly Income |
| _____ | _____ |
| _____ | _____ |

Name of Applicant's **Previous employment**, address (City/State) & number of years

Does the applicant receive **Medicare or Medicaid** assistance? (Circle) Yes or No

Other Income Assistance: (Type of assistance: Alimony, Child Support, Disability, Food Stamps, etc.)

| | | |
|------------------|--------------------|----------|
| _____ | _____ | \$ _____ |
| Recipient's Name | Type of Assistance | |
| _____ | _____ | \$ _____ |
| Recipient's Name | Type of Assistance | |
| _____ | _____ | \$ _____ |
| Recipient's Name | Type of Assistance | |
| | TOTAL | \$ _____ |

14. LIST THREE REFERENCES.

(May not be a director or employee of Marlboro Electric Cooperative or Marlboro Electric Trust.)

- 1.) _____

| | | | |
|---------|-------|-------|----------|
| Name | Phone | | |
| _____ | _____ | | |
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
- 2.) _____

| | | | |
|---------|-------|-------|----------|
| Name | Phone | | |
| _____ | _____ | | |
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
- 3.) _____

| | | | |
|---------|-------|-------|----------|
| Name | Phone | | |
| _____ | _____ | | |
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |

The information contained in this statement is for the purpose of obtaining funding from the Marlboro Electric 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 Marlboro Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Marlboro Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. Are you related to any consumer, trustee or officer of Marlboro Electric Cooperative, Inc. or Marlboro Electric Trust? Yes _____ No _____. This will in no way reflect the decision of this application by the Board.

Date: _____

 Signature of Applicant/Recipient

 Signature of Spouse If Applicable