



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, the sudden loss of income, or domestic violence. The funds will only be used to benefit individuals, families, organizations, and agencies 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. First, the Funds are not used for any political purpose nor are they used to pay the electric bills of a Cooperative member. Listed below are examples of some categories donated in the past:

- *Funds set up to help pay medical bills for cancer patients.*
- *Help families who have their homes destroyed by fire.*
- *To organizations providing support to persons leaving abusive situations.*
- *To organizations that provide transitional housing to homeless families.*
- *Emergency life-saving trauma equipment for non-profit volunteer organizations such as rural fire departments and hospitals.*
- *Emergency expenses for food, shelter and clothing.*

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; PO BOX 820; Willcox, AZ 85644-0820.**



Operation Round-up Application for Assistance

Personal Information:

Date:

Last Name:	First:	Middle:	Social Security Number: - -
Spouse's Last Name:	First:	Middle:	Social Security Number: - -

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>

<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>

Assistance from other organizations:			
Name of Organization(s):	What is assistance for?	Amount of Assistance:	Monthly/One-Time:
a)	a)	a1) \$	a)
b)	b)	b1) \$	b)
c)	c)	c1) \$	c)
d)	d)	d1) \$	d)
e)	e)	e1) \$	e)
Insurance:			
Name of Insurance Company:	Amount being received: \$	Expected time of Payment:	

Household Income:

Employer Company Name:	Supervisor:	Position:
Address: City: State: Zip:	Phone Number:	Monthly Salary: \$
Spouse's Employer (if any) Company Name:	Phone Number:	Monthly Salary: \$
Other Household Member's Employer Company Name:	Phone Number:	Monthly Salary: \$
Other Household Member's Employer Company Name:	Phone Number:	Monthly Salary: \$

Other Sources of Income:

Bonuses, Tips, Commission:	\$
Spousal Support:	\$
Child Support:	\$
Real Estate Income:	\$

TOTAL MONTHLY HOUSEHOLD INCOME: \$

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 is 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