Marlboro Electric Trust

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. Thank you.

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