

# APPLICATION FOR DONATION – INDIVIDUAL AND/OR FAMILY

Osage Valley Electric Community Trust  
PO Box 470, Butler MO 64730  
660-679-3131  
Fax 660-679-3142

Today's Date \_\_\_\_\_

Office Use Only
Assisted Previously _____
Denied Previously _____

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

**How long have you lived at this address? \_\_\_\_\_ All other persons living at this address:**

Name \_\_\_\_\_ relationship \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ relationship \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ relationship \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ relationship \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ relationship \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ relationship \_\_\_\_\_ Age \_\_\_\_\_

**List current employers for all adults listed above**

Employer: \_\_\_\_\_ Phone \_\_\_\_\_  
Wages & Tips: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone \_\_\_\_\_  
Wages & Tips: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Dates worked \_\_\_\_\_ Phone \_\_\_\_\_

How did you find out about the Round Up Program? \_\_\_\_\_

Are you or anyone in your household a member of Osage Valley Electric Cooperative? YES NO

If so, do you participate in Operation Round Up? YES NO

**Reason for request and amount needed** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(If you are requesting payment of bills include copies of the bills.)**

Do you rent? YES NO Monthly Rent Amount \$ \_\_\_\_\_

Landlord's name, address and phone **(Must have complete address of landlord for application to be considered)** \_\_\_\_\_  
\_\_\_\_\_

Do you own your home? NO YES Value \$ \_\_\_\_\_ Monthly Mortgage Amount \$ \_\_\_\_\_

Mortgage Company, COMPLETE address and phone \_\_\_\_\_  
\_\_\_\_\_

Do you own a car? YES NO Make and Model \_\_\_\_\_ Amount of payment(s) \$ \_\_\_\_\_

List any other property and estimated value \_\_\_\_\_

**List all other bills you owe each month and average amount**

**Amount**

*Copies of bills MUST be attached if you are requesting payment.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**List any PAST DUE bills:**

**Amount**

_____	_____
_____	_____
_____	_____

**List any credit card debt you have:**

**Monthly Payment**

**Total Amount Owed**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**List all sources of income for your address**

Be sure to include SSI, AFDC, Disability, Unemployment, Child support, Spend-down, & Food stamps.

**Amount**

_____	_____
_____	_____
_____	_____

**Have you received assistance from Round Up before?**

Yes

No

If yes when and what for. \_\_\_\_\_

**Have you been denied assistance from Round Up before?**

Yes

No

List three references: **(Must be completed)**

Name	Address	Phone #	Best Time to Call
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_____	_____	_____	_____
_____	_____	_____	_____

*Your signature releases full consent for the Osage Valley Electric Community Trust and its affiliates to gather information on your behalf regarding both financial and medical account information.*

Signature of Applicant

Signature of Co-applicant or Friend

**APPLICATION MUST BE COMPLETELY FILLED OUT!**