



**HWE COMMUNITY TRUST FUND, INC.
INDIVIDUAL / FAMILY APPLICATION**

1399 Business Park Drive South North Baltimore, OH 45872-0190 800-445-4840 419-257-3024 Fax www.hwelectric.com

Operation Round Up is a trust fund of monies collected from rounding up members' electric bills. The purpose of this fund is to use these collective donations to assist qualifying groups and individuals needing assistance. The following are funding guidelines:

- Financial need.
- Potential needs of the members and residents in the service territory and surrounding communities of Hancock-Wood Electric Cooperative.
- Funding requests should be for special needs and/or emergency needs and not for ordinary expense or budgetary items.
- Funds will not be awarded to pay utility bills, rents, leases, or mortgage payments.
- Funds will not be awarded should the applications be incomplete.
- Applicants are required to complete a grant final report.

Grant proposals will be reviewed by staff upon receipt. References will be checked and applications will be reviewed. A Grant Evaluation Rating Scale will be completed for each application. HWE COMMUNITY TRUST FUND, INC Board of Directors will consider each application at its next board meeting unless an emergency need is indicated. A special meeting of the board may be called and/or applications may be reviewed by electronic media in case of an emergency situation.

Quarterly Operation Round Up meetings are held on the first Monday of:

- February (submission deadline for this meeting is 1st Monday of January)
- May (submission deadline for this meeting is 1st Monday of April)
- August (submission deadline for this meeting is 1st Monday of July)
- November (submission deadline for this meeting is 1st Monday of October)

Please send two copies of the grant application to:

HWE Community Trust Fund, Inc.
Hancock-Wood Electric Cooperative, Inc.
1399 Business Park Drive South
North Baltimore, OH 45872-0190
419-257-3024 Fax

Notes Payable: _____ \$
 _____ \$
 _____ \$
 Lender's Name Lender's Address
 Mortgage: _____ \$
 _____ \$
 Other Debt: _____ \$
 [State type: taxes, bills _____ \$
 Outstanding, other] _____ \$
 TOTAL LIABILITIES: _____ \$

MONTHLY EXPENSES:
 Housing: Mortgage Rent \$ _____
 Food: _____ \$
 Utilities: Electricity \$ _____ + Gas \$ _____ + Phone \$ _____ = _____ \$
 Transportation: Auto payments \$ _____ + Gas \$ _____ = _____ \$
 Insurance: Medical \$ _____ + Life \$ _____ + Auto \$ _____ = _____ \$
 Medical: Doctors \$ _____ + Hospital \$ _____ + Medication \$ _____ = _____ \$
 Charge Accounts: (specify) _____ \$
 _____ \$
 Loans: (specify) _____ \$
 _____ \$
 Taxes: (specify) _____ \$
 _____ \$
 Other: (specify) _____ \$
 _____ \$
 TOTAL MO. EXPENSES: _____ \$

SOURCES OF MONTHLY INCOME:
 Salary: _____ \$
 Bonus, Tips & Commissions: _____ \$
 Dividends & Interest: _____ \$
 Real Estate Income: _____ \$
 Farm Income: _____ \$
 Other: [e.g., alimony, _____ \$
 child support, other] _____ \$
 TOTAL SOURCES OF MONTHLY INCOME: _____ \$

10. The board meets four times/year; is your request in need of immediate/emergency attention? Y N
 Only check "yes" if your request for relief is an urgent or unexpected crisis requiring immediate action. If so, when do you need a response by? _____

11. Please list three references: (may not be affiliated with Hancock-Wood Electric Cooperative)
 a. _____ () _____
 b. _____ () _____
 c. _____ () _____
 Name Address City ST Zip Phone Relatnshp

12. The information contained in this statement is for the purpose of obtaining funding from the HWE COMMUNITY TRUST FUND, INC. 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 HWE COMMUNITY TRUST FUND, INC. may consider this statement as continuing to be true and correct until a written notice of a change is provided. HWE COMMUNITY TRUST FUND, INC. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

 Signature of applicant/recipient Signature of spouse (if applicable) Date