



**SANGRE DE CRISTO ELECTRIC OPERATION ROUND UP
ASSOCIATION, INC.**

P.O. Box 2013, Buena Vista, CO 81211
(719) 395-2412 or (800) 933-3823

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

1. Name _____
Last First Middle

2. Other Members of Household: (Spouse and/or children)

	Last Name	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: _____
Residence Address Mailing Address

_____ City State Zip Code

4. Phone Number _____
Home Work

5. Employer(s) of Applicant:

_____ Employer Supervisor

_____ Address Phone

Employer

Supervisor

Address

Phone

6. Reason for Request for Donation: (Include amount requested and specific use of funds)

7. Is individual or family receiving any other form of assistance or aid?

Yes _____ No _____

MONTHLY EXPENSES

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)	_____	\$ _____
	_____	\$ _____
Other Expenses	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES		\$ _____

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary	_____	\$ _____
Bonus, Tips, & Commissions	_____	\$ _____
Dividends & Interest	_____	\$ _____
Real Estate Income	_____	\$ _____
Other: (Please state: Alimony, Child Support, Other)		\$ _____
	_____	\$ _____
Type		
	_____	\$ _____
Type		
TOTAL SOURCES OF MONTHLY INCOME		\$ _____

8. Please list three references. (Must not be a director or employee of Sangre De Cristo Electric Association, Inc.)

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Sangre De Cristo Electric Operation Round Up Association, Inc. on behalf of the undersigned. Any and all information received by Sangre De Cristo Electric Association, Inc. during the application process is strictly confidential. 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 Sangre De Cristo Electric Operation Round Up Association, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Sangre De Cristo Electric Operation Round Up Association, 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

DATE

The Operation Round-up® board normally meets on the Tuesday before the fourth Wednesday each month, if there are any applications for assistance. Please submit your application at least ten (10) days before the normal meeting date, so there is adequate time to prepare an agenda and notify our board members that we will be meeting. If no applications are submitted ten (10) days before the normal meeting date, a meeting probably will not be called and your application probably will not be considered until the following month. Exceptions may be made for emergency requests for assistance, and normal board meeting dates may be changed in case of conflicts.