



Delta-Montrose Electric Association Charitable Trust

P.O. Box 910 Montrose, CO 81402 877-687-3632

APPLICATION FOR ASSISTANCE FOR INDIVIDUAL AND/OR FAMILY

Rev. September 2018

1. APPLICANT

Last Name	First Name	Middle	Maiden or Previous Name		
Physical Address			City	State	Zip Code

DMEA Account Number: _____ City of Delta Resident? *(City of Delta residents are not eligible)*
 Yes _____ No _____

Mailing Address (If different than physical address)			City	State	ZIP Code
Home Phone	Cell Phone	Work Phone	Other Phone		
Contact Person or Referring Agency*	Relationship	Address	Phone Number		

* Include a cover letter from the Referring Agency

2. HOUSEHOLD MEMBERS (Anyone living in your home)

Names <small>List yourself and ALL household members ±</small>	Relationship to You	Age	Income or Job?		Employer or Income Source	Employer Contact Phone:
			Yes	No		
	SELF					

± Each and every member 18 years or older with no income needs to add a written statement explaining why he/she has had no income for the past 12 months. Include an explanation of how you have met any and all financial obligations (paid bills, etc.)

Incomplete applications will not be considered.
PLEASE COMPLETE EVERY SECTION



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3. REQUEST

Have you or a household member requested Operation Round Up funds before? Yes ___ No ___

If yes, what year and how much? Year _____ Amount \$ _____

Under what name? _____

Amount of money being requested?* \$ _____

*Please note: applicants that have received funds within 12 months will automatically be denied

What is the full cost of the need? \$ _____

Please briefly explain how you intend to spend these funds. Print clearly and in English. Use the back of this page if necessary. CURRENT copies of the bills/statements/ estimates or other documents must be provided to support your request.

Lined area for providing details of the request.

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4. HOUSEHOLD FINANCES

Monthly Income	\$ Amount Per month
Salary/ wages	\$
Salary/ wages of other household members	\$
Bonuses, tips, commissions	\$
Assistance Programs, Social Security, Retirement, Pensions, and Other Programs for ALL household members. Circle all that apply: SSI, SSDI, TANF, AND, OAP, AB, WIC, LEAP	\$
Food Stamps	\$
Child Support	\$
Tax Returns Refund	\$
Other Assistance Programs and forms of income: use following lines	\$
	\$
	\$
	\$
ALL FORMS OF TOTAL MONTHLY INCOME	\$

Monthly Expenses	\$ Amount Per month
Housing Rent <u> </u> Own <u> </u>	\$
Food	\$
Utilities	\$
Insurance	\$
Medical expenses	\$
Charge accounts such as credit cards or store accounts	\$
Monthly loan payments	\$
Monthly Taxes	\$
Other Expenses: _____	
_____	\$
_____	\$
TOTAL MONTHLY EXPENSES	\$

Assets (what you have)	\$ Amount	Debts (what you owe)	\$ Amount
Cash/Savings		To:	
Real Estate			
List All Vehicles Make, Model and Year			

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5. CONTACT, SIGNATURE AND WARRANT



- 1- Have you explained how you intend to use the money if you receive it?
- 2- Have you included supporting documents such as copies of bills, overdue notices, paystubs, repair or treatment estimates?
- 3- Is your Household Finances page complete?
- 4- Has it been more than 12 months since you received funds from Operation Round Up?

**May an Operation Round Up Board Member contact you for further information or explanation?
Yes___ No___ Evening phone number: _____**

**If you are accepted, may we use your name for publication? Yes___ No___
(You may choose to remain anonymous. It will not affect our decision to help you.)**

BY SIGNING, I WARRANT THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE AND THAT I MAY BE LIABLE FOR DAMAGES IF ANY STATEMENTS IN THIS APPLICATION ARE FALSE OR MISLEADING. I FURTHER CERTIFY THAT I HAVE READ THE FOLLOWING:

The information in this Application is for the confidential use of the Delta-Montrose Electric Association Charitable Trust and is given for the purpose of receiving funding from the Trust. By signing, I understand that the information provided is true in all respects as of the date the Application is tendered to the Trust and is being relied upon in deciding to award any grant to me. In addition, if circumstances change after the date this Application is submitted for consideration and before I receive any funding from the Trust, then I have an affirmative duty to contact the Trust and update any information so that at all times the information is true and correct in all respects. If any statements are found to be untrue I acknowledge that I will be required to repay to the Trust any amounts I improperly received and I may be liable for further damages. I authorize the Board of the Trust to make all inquiries it deems necessary to verify the accuracy of the statements made in this Application.

Signature of applicant

Date

Signature of spouse

Date

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PLEASE COMPLETE EVERY SECTION***