

SNAPPING SHOALS ELECTRIC TRUST
POST OFFICE BOX 509
COVINGTON GA 30015
FAX 770-385-2703

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

INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE DENIED ASSISTANCE

RELATIVES OF EMPLOYEES OF SNAPPING SHOALS EMC, SNAPPING SHOALS EMC BOARD OF DIRECTORS AND SNAPPING SHOALS ELECTRIC TRUST BOARD OF DIRECTORS ARE NOT ELIGIBLE TO RECEIVE ANY DISBURSEMENT OF MONIES FROM OPERATION ROUNDUP.

Are you a relative of an employee or director of Snapping Shoals EMC or Snapping Shoals Electric Trust?
Yes _____ No _____ If yes, how? _____

*Name/Address/Telephone of Person completing Form: _____

1. Applicant Name: _____ Age: _____
Last First Middle
Snapping Shoals Acct # _____ SS# _____

2. Other Members of Household:

Last Name	First	Middle	Social Security #	Age	Relationship	Total Annual Income
a. _____	_____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____	_____	_____

3. Address: _____
Street Name / Post Office Box if Applicable
City or Town State Zip County

4. Phone Number: _____
Home Work

5. List three references **OTHER** than relatives. (May not be a director or employee of Snapping Shoals Electric Cooperative or Snapping Shoals Electric Trust.) **MUST BE LOCAL PHONE & ADDRESS**

Name Phone

Address City State Zip

Name Phone

Address City State Zip

Name Phone

Address City State Zip

If disabled, provide documentation from your doctor.

Employer of those listed in No. 1 and No. 2 above:

If not working, give reason why: _____

(1) _____
Name Supervisor

Address Phone

(2) _____
Name Supervisor

Address Phone

6. **Enter Dollar Amount You are Requesting \$** _____
What are funds to be used for? (be specific)

Have you received funds before from Operation Roundup?

Yes ___ No ___ If yes, what for and amount _____

Explain the circumstances that have prompted your need of assistance.

7. Is individual or family receiving any other form of assistance or aid for above stated request (donation, insurance, etc.)? Yes ___ No ___
If yes, please list:

8. Statement of Financial Condition as of _____, 20 ____.

ASSETS

AMOUNTS

Cash - Amount in Checking Account	\$ _____
Amount in Savings Account	\$ _____
Stocks and/or Bonds	\$ _____

Real Estate (House, Land, Rental Property)

_____	County	\$ _____	\$ _____
Home		Market Value	Balance Owed
_____	County	\$ _____	\$ _____
Rental Property		Market Value	Balance Owed
_____	County	\$ _____	\$ _____
Land		Market Value	Balance Owed

Please list your vehicles (year and model), Life Insurance (cash value) and any other assets.

_____	\$ _____
	Value
_____	\$ _____
	Value
_____	\$ _____
	Value
<u>TOTAL ASSETS</u>	\$ _____

LIABILITIES

AMOUNTS

Notes Payable

_____	\$ _____
Lender's Name	
_____	\$ _____
Lender's Name	

Mortgage

_____	\$ _____
Mortgagor's Name	

Mortgagor's Address	

Rent

_____	\$ _____
Landlord Name & Mailing Address	
Landlord Phone Number	_____

Other Debts (State Type: Taxes, Bills Outstanding, Credit Cards & Other)

_____	\$ _____
Type	
_____	\$ _____
Type	

TOTAL LIABILITIES

\$ _____

MONTHLY EXPENSES - PLEASE ENTER YOUR MONTHLY PAYMENTS AND NOT THE BALANCES IN RIGHT COLUMN BY THE DOLLAR SIGN*****

Housing	Mortgage _____	Rent _____	\$ _____
		Food	\$ _____

Utilities <i>(Monthly payment only)</i>	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
	Cell Phone	\$ _____
	Water	\$ _____
	Cable TV	\$ _____

Transportation <i>(Monthly payment only)</i>	Automobile Payments	\$ _____
	Gasoline	\$ _____

Insurance <i>(Monthly payment only)</i>	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____
	Homeowner or Renter	\$ _____

Medical <i>(Monthly payment only)</i>	Doctors	\$ _____
	Hospital	\$ _____
	Medication	\$ _____

Charge Accounts (Specify) <i>(Monthly payment only)</i>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Loans (Specify) <i>(Monthly payment only)</i>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Taxes (Specify) <i>(Monthly payment only)</i>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Other Expenses (Specify) <i>(Monthly payment only)</i>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

<u>TOTAL MONTHLY EXPENSES</u>	\$ _____
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SOURCES OF MONTHLY INCOME

AMOUNTS

Applicant's Monthly Salary _____ \$ _____
Employer's Name

Spouse's Monthly Salary _____ \$ _____
Employer's Name

Bonus, Tips, & Commissions _____ \$ _____

Dividends & Interest _____ \$ _____

Real Estate Income _____ \$ _____

Farm Income _____ \$ _____

Other: **Retirement, Disability, Social Security, Alimony, Child Support, Food Stamps**

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

TOTAL SOURCES OF MONTHLY INCOME

\$ _____

The information contained in this statement is for the purpose of obtaining funding from the Snapping Shoals Electric Trust, Inc., on behalf of the undersigned applicant/recipient. Each of the 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 Snapping Shoals Electric Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided by the undersigned. The Snapping Shoals Electric Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

In furnishing financial assistance, it is expressly understood that the Snapping Shoals Electric Trust, Inc. and its Board of Directors, neither singularly nor jointly accepts any liability for the product furnished or work performed as a result of the allocation of funds.

Each of the undersigned hereby agrees to indemnify and hold harmless the Snapping Shoals Electric Trust, Inc., its directors, officers, employees, and agents and Snapping Shoals Electric Membership Corporation, its directors, officers, employees, and agents (“Indemnitees”) from and against any and all claims, losses, damages, liabilities, suits, cost and expenses (including attorneys’ and experts’ fees and expenses) (herein referred to as a “Claim”) incurred by or asserted against any of the undersigned as a result of or in connection with (1) any investigation or inquiry into this application of any kind whatsoever made by Indemnitees including, without limitation, inquiry into the financial status of the undersigned or validity of the undersigned’s request, liabilities, assets, or anything related to the application whatsoever; and (2) any damages resulting from the product furnished or work performed as a result of the allocation of funds. The undersigned further acknowledges and covenants that, in consideration for the application and any assistance received by the undersigned from the Snapping Shoals Electric Trust, Inc., the undersigned has knowingly relinquished, waived and forever released any and all damages and remedies which might otherwise be available to the undersigned, including, without limitation, claims for breach or invasion of privacy, warranty claims, contract or tort damages of any type, claims for legal or equitable relief under either federal or state statutory and common law. The undersigned further acknowledges and covenants not to sue Indemnitees, or to participate or aid in any way in any suit or proceeding (except as required by law) against Indemnitees or to execute, seek to impose, collect or recover upon, or otherwise enforce or accept any judgment, decision, award, warrant or attachment upon any claim released by the undersigned herein.

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE