



Individual & Family Operation Round Up Grant Application & Checklist

Mountain View Electric Association, Inc.'s (MVEA) Operation Round Up® program was formed to assist charitable organizations, communities with special needs, and individuals who have suffered from loss, personal disaster, or medical emergencies.

If you are facing a crisis, and are an MVEA member, you may apply for up to \$3,500 in a 12-month period from the Operation Round Up Fund.

Complete applications are reviewed monthly by the Operation Round Up Board of Directors. Please review www.mvea.coop/round-up for the application deadline schedule. To submit your application, first ensure you have completed the checklist below. Applications can be mailed to or dropped off at any MVEA office or emailed to the Operation Round Up Coordinator at erica.m@mvea.coop. Please note: emailed applications will only be accepted as a PDF file only (JPEG and PNG file pictures will not be accepted).

Please complete this entire list prior to submitting your application

- Fill out the entire application:** Do not leave any spaces blank. If it does not apply to you fill in with n/a.
- Cover letter:** Explain your needs, how much you are requesting, and supply as much information as you are able. The cover letter is extremely helpful to the Board in making their decision.
- Attach copies of financial records:** Please submit copies, not originals, of your paystubs, child support, and other income for any person living in the home. If you are receiving funds for heating bills, please include LEAP information.
- List the amount(s) you are requesting.** Payment will not be sent to individuals or family units.
- Attach copies of any past due bills that you are requesting funds for:** Please do not submit or request payment for Mountain View Electric Association, Inc. bills.
- Attach copies of three different estimates for any work that you are requesting funds for:** If possible, one estimate should be from a vendor within MVEA's service territory.
- Attach three signed references from unrelated people who know your situation:** May not be a director, officer, or employee of Operation Round Up or MVEA.

Individual & Family Operation Round Up Grant Application

Application Date: _____ MVEA Account Number: _____

Amount Requested (Up to \$3,500): _____

Payment will not be sent to individuals or family units.

Individual Information (Please Print or Type)

Name (Last, First MI): _____ Birth Year: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Employer: _____ Phone: _____

Annual Salary: _____ Address: _____

Other Household Members (Adults and Children)

Name (Last, First MI): _____ Relationship: _____

Employer: _____ Annual Salary: _____

Name (Last, First MI): _____ Relationship: _____

Employer: _____ Annual Salary: _____

Name (Last, First MI): _____ Relationship: _____

Employer: _____ Annual Salary: _____

Name (Last, First MI): _____ Relationship: _____

Employer: _____ Annual Salary: _____

Name (Last, First MI): _____ Relationship: _____

Employer: _____ Annual Salary: _____

Individual & Family Operation Round Up Grant Application

Request Details (Please Print or Type)

Grant to be used for (Show each amount and to whom it will be paid; copies of all requested payments must be included with the application.):

1. _____ \$: _____
2. _____ \$: _____
3. _____ \$: _____
4. _____ \$: _____
5. _____ \$: _____

Total Amount Requested (Up to \$3,500): _____

Is the individual or other household members receiving any other form of assistance or aid for the above requested? (Donations, insurance, etc.) Yes [] No []

If yes, please explain: _____

Financial Statement (Please Print or Type)

(Copies of all finances listed below must be included with the application.):

<u>Sources of Monthly Income</u>	<u>Amounts</u>
Total Household Salary:	\$ _____
Bonus, Tips, and Commissions:	\$ _____
Food Stamps:	\$ _____
TANF:	\$ _____
Social Security:	\$ _____
LEAP	\$ _____
All Other Income:	\$ _____

Total of All Household Income Above: \$ _____

Individual & Family Operation Round Up Grant Application

Financial Statement Continued (Please Print or Type)

<u>Assets</u>	<u>Amounts</u>
Checking: _____ Banking Institution	\$ _____
Savings: _____ Banking Institution	\$ _____
Cash: _____ Banking Institution or On-Hand	\$ _____
Real Estate: _____ Address	\$ _____ Market Value
_____ Address	\$ _____ Market Value
_____ Address	\$ _____ Market Value
Investments: _____ Description	\$ _____ Value
_____ Description	\$ _____ Value
Other: _____ Description	\$ _____ Value
Personal Property or Assets (Vehicles, Recreational Vehicles, Campers, Boats, Motorcycles, etc.):	
_____ Description (year/type)	\$ _____ Value
_____ Description (year/type)	\$ _____ Value
_____ Description (year/type)	\$ _____ Value
_____ Description (year/type)	\$ _____ Value
_____ Description (year/type)	\$ _____ Value
Total of All Assets Above: \$ _____	

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Financial Statement Continued (Please Print or Type)

Monthly Expenses

Monthly Amount

	Food	\$ _____
	Vehicle Fuel	\$ _____
	Phone	\$ _____
	Cable/Streaming Services	\$ _____
	Internet	\$ _____
	Waste/Trash	\$ _____
Utilities:	Gas/Propane	\$ _____
	Electricity	\$ _____
	Water	\$ _____
Insurance:	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____
	Home/Renters	\$ _____
Medical Bills:	Doctors	\$ _____
	Hospital	\$ _____

	<u>Balance</u>	<u>Monthly Amount</u>
Housing: Mortgage [] Rent []	\$ _____	\$ _____
Car Loan: _____	\$ _____	\$ _____
Car Loan: _____	\$ _____	\$ _____
Other Loans: _____	\$ _____	\$ _____
Credit Cards: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total Of All Monthly Expenses Above: \$ _____

Individual & Family Operation Round Up Grant Application

Authorization for credit information release (Required)

Member Name: _____

Primary Phone: _____ Work Phone: _____

Co-Member Name: _____

Primary Phone: _____ Work Phone: _____

Address: _____

I hereby authorize the release of my credit information to the Mountain View Electric Association, Inc. Operation Round Up Fund for the purpose of verifying my application. A photocopy of my authorization may be used to obtain credit information.

Member Signature: _____ Date: _____

Co-Member Signature: _____ Date: _____

Agreement

I understand, certify, and agree to the following (Note: 'undersigned' below refers to the applicant(s)/ MVEA member(s):

The information contained in this statement is for the purpose of obtaining funding from Mountain View Electric Association, Inc., (MVEA) Operation Round Up Fund 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 the Operation Round Up Fund may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Operation Round Up Fund is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. The undersigned have read and understand that payment will not be sent to individuals or family units.

Grants will be awarded up to \$3,500 in a 12-month period for any individual and family.

I also agree to return any funds to the Operation Round Up Fund that are in excess or no longer needed.

Member Signature: _____ Date: _____

Co-Member Signature: _____ Date: _____