

## OPERATION ROUND-UP APPLICATION

### Eligible Candidates for Funding:

1. Charitable Organizations excluding religious organizations
2. Disabled
3. Suffering and unable to work
4. Elderly
5. Poverty Stricken
6. Victim of a disaster

### Eligible Uses:

With the exception of disaster funds, no applicant may receive funding more than once per year or a total of three (3) times over a five (5) year period. Furthermore, no appliance may be replaced more than once during a ten (10) year period. The following lists eligible uses of the program that may be awarded at the discretion of SEC Trust Board:

1. Contributions to charitable organizations.
2. Contributions to individuals for appliances, home repairs (excluding roofs, ceilings, underpinnings, and porches) disaster recovery, wheelchair ramps, and critical needs.
3. Contributions to individuals qualifying for the Help My House program and having incomes less than 200% of the federal poverty level.

### Required Documentation:

1. Application (see following page)
2. Copy of the most recent SEC electric bill
3. Copy of the most recent tax return or annual SSI statement filed by the applicant or certification of exemption
4. If applicable, a letter from a medical professional certifying disability or inability to work
5. Proof of homeownership such as a tax notice in the applicant's name. If the property is being rented, the landlord must endorse the application in writing.
6. If the application is related to home repairs or wheelchair ramps, at least two (2) quotes from licensed contractors, itemizing labor and materials, must be attached. All contractors must provide evidence of at least \$1 million in liability insurance.
7. If the application is only for materials, an itemized materials list must be attached.
8. If the application is for a house fire or burnout, the fire department report must be attached.



Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Explanation of Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this is a burnout, does the applicant have home and contents insurance? If so, what is the loss amount versus the insurance coverage amount? \_\_\_\_\_

\_\_\_\_\_

***The undersigned understands that the information contained herein is used to determine eligibility for grant funding; however, no monetary support is guaranteed. The undersigned represents and warrants that the information provided is true, complete, and accurate. Santee Electric Cooperative personnel and Trust Board members are duly authorized to make inquiries, request additional information, and verify the statements contained herein.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



LANDLORD STATEMENT  
(if the applicant is not the property owner)

Renter Name: \_\_\_\_\_

Renter address:  
As shown on tax records \_\_\_\_\_

Deposit Paid (if required): \_\_\_\_\_

Monthly Rental Amount: \_\_\_\_\_

Unpaid/Outstanding Rent Due: \_\_\_\_\_

Landlord Printed Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

***The undersigned represents and warrants that the information provided is true, complete, and accurate. Santee Electric Cooperative personnel and Trust Board members are duly authorized to make inquiries, request additional information, and verify the statements contained herein.***

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date