

**GUIDELINES FOR ROUND-UP APPLICATION**

**\*\*The Operation Round-Up board meets on the last Monday of each month except for December when they do not have a meeting. All applications will have to be received in the office by the first Friday of the month to be reviewed at that month's meeting, otherwise they will be held until the next month's meeting.**

**\*\*Please make sure your application is signed and COMPLETE. Incomplete applications will not be reviewed.**

**\*\*Make sure any additional form that must accompany your application, is attached to the back of the application. If you are renting the home, a notarized letter from your landlord must accompany your application giving their approval for you to replace or bring in your appliance, if awarded. Otherwise, it will be considered incomplete and will not be reviewed.**

**\*\*For assistance because of a house fire, attach the following:**

-A copy of the fire report from the attending fire department.

**\*\*For assistance with medication, attach the following:**

-Itemized list from drug store on cost of needed medication.

**\*\*For heating or cooling assistance, attach the following:**

-Proof of ownership of the home needing this type of help.

-Quote from two separate contractors on labor and material to install heat and/or cooling unit.

-Contractors must be licensed.

Please note: **we do not install new gas heaters or central units.**

**\*\*For small home repair work, attach the following:**

-Proof of ownership of the land and home needing the repair.

-Bid from two separate contractors on pricing of labor and material for completing the work. (Ask for estimate sheets at your nearest Santee Electric office).

Please note: **All contractors must be licensed contractors. We do not work on roofs, ceilings, underpinning or porches.**

**\*\*Name** \_\_\_\_\_ **Acct#** \_\_\_\_\_

**Address** \_\_\_\_\_

**For Administrative Use:**

**MTR #:** \_\_\_\_\_ **POLE#:** \_\_\_\_\_



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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_, SC Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer (if employed) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### 1. Other Members of Household:

A. Name: \_\_\_\_\_

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

Employer (if employed) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

B. Name: \_\_\_\_\_

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

Employer (if employed) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

C. Name: \_\_\_\_\_

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

Employer (if employed) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

D. Name: \_\_\_\_\_

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

Employer (if employed) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

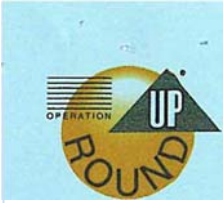
E. Name: \_\_\_\_\_

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

Employer (if employed) \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_





**SANTEE ELECTRIC TRUST**  
PO BOX 548 • 424 SUMTER HWY • KINGSTREE, SC 29556  
Office (843) 355-6187 • Fax (843) 355-0721

### MONTHLY EXPENSES

		AMOUNTS
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 (Specify)	_____	\$ _____
	_____	\$ _____
Total Monthly Expenses	_____	\$ _____



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SOURCES OF MONTHLY INCOME

AMOUNTS

Salary _____	\$ _____
Employer's Name	
Disability	\$ _____
Social Security	\$ _____
Real Estate Income	\$ _____
Farm Income	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Food Stamps	\$ _____
Other: _____	\$ _____
Type	
<b>TOTAL SOURCES OF MONTHLY INCOME</b>	<b>\$ _____</b>

4. Please list three references. (May not be a director or employee of Santee Electric Cooperative or the Santee Electric Trust.)

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 Santee Electric Trust 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 Santee Electric Trust may consider this statement as continuing to be true and correct until a written notice of change is provided. The Santee Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

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SIGNATURE OF APPLICANT/ RECIPIENT

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SIGNATURE OF SPOUSE

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DATE

Santee Electric Cooperative, Inc. is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at

U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Participation in Operation Round-Up is voluntary.  
You have the right to opt out by calling 1-843-355-6187 or you may notify us by mail.