



Beartooth Electric Operation Round Up, Inc.

Application for Donation to Individual or Family

Please fill in this application as complete as possible. It is the only information used by the Beartooth Electric Operation Roundup Board of directors to determine your qualifications for assistance.

Please note that assistance for energy needs will be given first consideration.

Name _____ Date _____

Address _____ Age (optional) _____

Home/Cell Phone _____ Work Phone _____

Other household members (Include Name, Relationship and Age) _____

Applicant's Employer _____ Phone _____

Address _____ Supervisor _____

Household Members Employer _____ Phone _____

Address _____ Supervisor _____

Type of Assistance Requested	Provider if not BEC	Amount Requested
Electricity	_____	\$ _____
Natural Gas	_____	\$ _____
Propane	_____	\$ _____
Health Needs	_____	\$ _____
Shelter	_____	\$ _____
Other (Specify)	_____	\$ _____

Are you or any other household member currently receiving any other form of assistance or financial aid?

Yes _____ No _____

If yes, please list provider and amount. _____

Have you requested assistance from Operation Round Up previous to this date? Yes _____ No _____

If yes, when? _____

Statement of Financial Condition as of (Date) _____

Your Assets

Cash

Checking Amount \$ _____
Savings Amount \$ _____
Other Amount \$ _____

Real Estate

Description _____ Value \$ _____
Description _____ Value \$ _____
Description _____ Value \$ _____

Stocks, Bonds or other Securities

Description _____ Value \$ _____
Description _____ Value \$ _____
Description _____ Value \$ _____

Other Assets

Description _____ Value \$ _____
Description _____ Value \$ _____

Total Assets \$ _____

Debts

Mortgage(s)

Description _____ Amount \$ _____
Description _____ Amount \$ _____

Notes or Loans Payable

Description _____ Amount \$ _____
Description _____ Amount \$ _____
Description _____ Amount \$ _____
Description _____ Amount \$ _____
Description _____ Amount \$ _____

Other Debt

Description _____ Amount \$ _____
Description _____ Amount \$ _____

Total Liabilities \$ _____

Monthly Expenses

Housing	Own _____ Rent _____	\$ _____
Food		\$ _____
Electricity		\$ _____
Gas or other heating fuels		\$ _____
Transportation (Owned Vehicle or Public Transportation)		\$ _____
Insurance (Life, Medical, Auto and Home/Renters)		\$ _____
Vehicle Loan Payment		\$ _____
Other Loan Payments		\$ _____
Taxes		\$ _____
Other Expenses (describe) _____		\$ _____
_____		\$ _____
Total Monthly Expenses		\$ _____

Monthly Income

	Applicant	Total Household
Salary, wages, bonus, tips and commissions	\$ _____	\$ _____
Dividends and interest	\$ _____	\$ _____
Real Estate income	\$ _____	\$ _____
Farm income	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Welfare	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Other Income (describe) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

Please indicate any special circumstances or conditions that you feel the Board of Directors should be aware of to help them determine your eligibility for assistance.

The information contained in this statement is for the purpose of obtaining funding from Beartooth Electric Operation Round Up, Inc. on behalf of the undersigned. The applicant understands the information provided herein is used in deciding grant funding. The applicant represents and warrants that the information provided is true and complete. Beartooth Electric Operation Round Up, Inc. is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. By signing this application, authorization is granted for providers contacted by Beartooth Electric Operation Round Up, Inc. to supply the information requested to verify this application.

Applicants Signature _____

Date _____