

PEE DEE ELECTRIC TRUST
PO BOX 491 / 1355 E MCIVER ROAD
DARLINGTON, SC 29540
Office (843) 665- 4070 Fax (843) 669-0443

APPLICATION FOR INDIVIDUAL AND/OR FAMILY

PURPOSE OF THE TRUST

The Pee Dee Electric Trust administers funding that is provided by member-owners of Pee Dee Electric Cooperative, Inc. who participate in the Operation Round Up® program. Through Operation Round Up, member-owners round up their electric bills to the next highest dollar each month and these funds are transferred to the Trust.

The Pee Dee Electric Trust board of directors reviews applications and makes donations in accordance with the policies and guidelines governing the Trust. Donations address the specific need(s) stated on each application. These are charitable donations, not grants, given to individuals or non-profit community service organizations and must be used only for the purpose stated on the application.

This application will not be considered for presentation to the Pee Dee Electric Trust Board unless question number ten (10) on page five (5) has been completed indicating the specific amount of money requested and what the money will be used for. Please submit copies of bills for which you are requesting assistance. Without this documentation, the application is considered incomplete and will not be submitted to the Board. Contact Betsy McKenzie or Jeff Singletary at (843) 665-4070 with any questions.

Pee Dee Electric Trust does not accept applications to pay hospital bills nor does it provide assistance for any home repairs.

All decisions by the Trust board are final and no explanation will be provided.

Application to be considered must be returned to Pee Dee Electric Cooperative according to the following schedule. Applications returned after the submission date will be held over until the following month.

Submit Application

By This Date For Consideration

April 25, 2012
May 30, 2012
June 27, 2012
July 31, 2012
August 29, 2012
September 26, 2012
October 31, 2012
November 28, 2012
December 19, 2012

At This Meeting Date

May 8, 2012
June 12, 2012
July 10, 2012
August 14, 2012
September 11, 2012
October 9, 2012
November 13, 2012
December 11, 2012
January 8, 2013

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Director _____

Date Received _____

PDEC Member-Owner

___ Yes ___ No

Acct # _____

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APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Name _____

Address _____

City _____ SC ZIP _____

2. Last 4 digits of Social Security # ____-____-____-____ Age _____

3. Phone # Home _____ Cell _____

4. Marital Status (check one): ___Single ___Married ___Divorced ___Separated

5. Employment Status (check one): ___ Employed ___ Unemployed, seeking employment
___ Unemployed, not seeking employment

Employment History (List most recent employment first):

a. Employer _____

Address _____ City _____ State _____

Phone # _____ Supervisor _____

Date of Employment _____

Reason for Leaving _____

b. Employer _____

Address _____ City _____ State _____

Phone # _____ Supervisor _____

Date of Employment _____

Reason for Leaving _____

Other Members of Household:

a. Name _____
Relationship _____ Age _____
Employer _____
Address _____
Supervisor _____ Phone # _____

b. Name _____
Relationship _____ Age _____
Employer _____
Address _____
Supervisor _____ Phone # _____

c. Name _____
Relationship _____ Age _____
Employer _____
Address _____
Supervisor _____ Phone # _____

7. Does either the applicant or other members of the household qualify for (please check all that apply):

_____ Medicaid _____ Medicare _____ Other _____ None

8. Is the applicant or any other member of the household receiving any form of assistance or aid for the above stated request, such as donations, food stamps, etc.?

___Yes ___No If yes, list sources and the amount from each.

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

9. Statement of Financial Condition as of _____, 20_____.

INCOME AND EXPENSE STATEMENT

APPLICANT

SPOUSE

Gross monthly income from:

Salary and wages (including commissions bonuses and overtime)	\$ _____	\$ _____
Pension and retirement	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Disability and unemployment insurance	\$ _____	\$ _____
Public Assistance (AFDC payments, etc.)	\$ _____	\$ _____
Child/spousal support (prior marriage, etc.)	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

TOTAL GROSS MONTHLY INCOME

\$ _____

Itemized deductions from gross income:

Income taxes (state and federal)	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Medical or other insurance	\$ _____	\$ _____
Other dues	\$ _____	\$ _____

TOTAL MONTHLY DEDUCTIONS

\$ _____

Gross Monthly Income	\$ _____
Monthly Deductions (subtract)	\$ _____

TOTAL NET MONTHLY INCOME

\$ _____

ESTIMATED MONTHLY EXPENSES

Rent	\$ _____
Mortgage payments (residence)	\$ _____
Real property taxes (residence)	\$ _____
Insurance (residence)	\$ _____
Food	\$ _____
Electric	\$ _____
Natural Gas/Propane	\$ _____
Water	\$ _____
Telephone	\$ _____
Medical	\$ _____
Dental	\$ _____
Health Insurance	\$ _____
Child Care	\$ _____
Payment of child/spousal support	\$ _____
Automobile Expenses (insurance, gasoline)...	\$ _____
Automobile payments	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

INSTALLMENT PAYMENTS

Creditor's Name	For	Monthly Payment	Balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

TOTAL INSTALLMENT PAYMENTS \$ _____

ASSETS

	Applicant	Spouse
Money in checking accounts	\$ _____	\$ _____
Money in savings accounts	\$ _____	\$ _____
Money in credit union	\$ _____	\$ _____
Retirement or pension fund	\$ _____	\$ _____
Value of real estate	\$ _____	\$ _____

TOTAL ASSETS \$ _____

10. (continued)

11. List three (3) individuals who are familiar with request. (One reference must be non-related.)

Name _____ Phone # _____
 Address _____ Relationship _____
 City _____ State _____ ZIP _____

Name _____ Phone # _____
 Address _____ Relationship _____
 City _____ State _____ ZIP _____

Name _____ Phone # _____
 Address _____ Relationship _____
 City _____ State _____ ZIP _____

The information contained in this application is for the purpose of obtaining a donation from Pee Dee Electric Trust. The applicant understands that the information provided represents accurate and factual details. The Pee Dee Electric Trust is authorized to make all inquiries deemed necessary to verify the validity of the information provided, inclusive of pertinent medical and dental records and physician, surgeon and dental assessments. **All decisions by the Trust board are final and no explanation will be provided.**

Signature of Applicant

Signature of Spouse (if applicable)

Date

Date