



Application for Individual or Family

Jackson EMC Foundation, Inc.

What is Operation Round Up?

Operation Round Up is a nationally-recognized program funded by Jackson EMC members. Participating members voluntarily have their monthly electric bill rounded up to the next dollar amount; contributing an average of \$6 annually.

For more information visit www.jacksonemc.com/roundup or email roundup@jacksonemc.com.

Who is eligible for funding?

To be eligible you must live in one of the 10 counties that Jackson EMC serves: Banks, Barrow, Clarke, Franklin, Gwinnett, Hall, Jackson, Lumpkin, Madison, and Oglethorpe.

How can an individual or family apply for funding?

Applications may be obtained by mail, website, or at one of our local offices and are accepted by mail or by dropping off at one of our local offices. The deadline for completed applications is one month prior to the Operation Round Up Board Meeting. Applications received after the deadline will be held until the next month's board meeting. Grants for individuals are generally limited to a maximum of one grant up to \$3,500 in a 12 month period.

What is the selection process?

Funds are administered by volunteer members of the Jackson EMC Foundation Board. The decisions made by the board are based on the amount of funds available and the number of request. All applicants will be notified within 30 days of the board's decision. All checks for approved individuals will be written directly to the service provider, not the individual.

This is a list of items which **Do Not Qualify** for funding:

- Rent
- Gas bills
- Electric bills

Submit applications to:

Jackson EMC Foundation, Inc.
Attn: Becky Bond
P.O. Box 38 or 850 Commerce Hwy
Jefferson, GA 30549

Phone 706-367-6295 ext 1
Fax 706-367-6451

Application Checklist

- Complete all pages of this application.**
Indicate if a question does not apply to you. Unanswered questions may result in an incomplete application.
- Provide a personal statement.**
 1. Tell how the funds will be used.
 2. Explain the circumstances that have prompted your need of assistance
- Attach appropriate bids/estimates/bills etc. directly relating to your request.**
- If an individual needs help in filling out the application, the person helping should indicate their name, relationship to applicant & how they may be contacted.**
- Provide a credit report**
You may obtain a free one from either going online to www.annualcreditreport.com or by calling 1-877-322-8228.

It is the sole responsibility of the applicant to meet the requirements listed above. Your application will automatically be denied if incomplete.

Application for Individual and/or Family

Request

Amount of Request: _____

Please attach a personal letter to:

Tell how the funds will be used, and

Explain the circumstances that have prompted your need of assistance.

List the name of the business or service provider that will receive funds if this application is approved. We do not issue checks to individuals, therefore appropriate bids/estimates/bills etc. from the business or service provider must be attached to this application.

Personal Information

Name of Applicant: _____ Age: _____
Last First Middle

Jackson EMC #: _____ (You don't have to be a member to qualify)

Address: _____
Street or P.O. Box

City State Zip Code County

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Are you related to an employee of Jackson EMC? ___ If yes, what's the relation? _____

List other members of household, including children (include name, age, and relationship to you):

Name, Age, Relationship	Name, Age, Relationship
_____	_____
_____	_____
_____	_____

Personal References

Please give three references from persons OTHER than relatives. (References may not be given by a director or employee of Jackson EMC.)

Name: _____ Phone: _____

Address: _____

Occupation: _____ Relationship to Applicant: _____

Name: _____ Phone: _____

Address: _____

Occupation: _____ Relationship to Applicant: _____

Name: _____ Phone: _____

Address: _____

Occupation: _____ Relationship to Applicant: _____

Employment Information

Is applicant currently employed? Yes ___ No ___ Is spouse currently employed? Yes ___ No ___

If not, please explain why: _____

Gross MONTHLY earnings (include all employed members of the household)

You MUST attach 3 months proof of income (pay check stubs showing hours worked, pay per hour & YTD totals)

Employer #1: _____ Supervisor: _____

Address: _____ Phone: _____

Dates of Employment: _____ Salary/Wage: _____

Employer #2: _____ Supervisor: _____

Address: _____ Phone: _____

Dates of Employment: _____ Salary/Wage: _____

Employment of others in household - Name: _____

Employer #1: _____ Supervisor: _____

Address: _____ Phone: _____

Dates of Employment: _____ Salary/Wage: _____

Employer #2: _____ Supervisor: _____

Address: _____ Phone: _____

Dates of Employment: _____ Salary/Wage: _____

Other Assistance

List other social service agencies you have contacted (DFACS, churches, etc., include name and phone number of contact person, type of assistance received, and amount):

Is individual/family receiving any other form of assistance or aid (donations, insurance, child support, food stamps, etc.)? Yes ___ No ___

If yes, please list (be specific and include amounts granted):

Monthly Expenses

Housing:	Mortgage/rent payment (circle one)	\$ _____
	Food	\$ _____
Utilities:	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
	Water & Sewer	\$ _____
	Cable/Satellite	\$ _____
	Other (be specific) _____	\$ _____
Transportation:	Automobile Payments	\$ _____
	Gasoline	\$ _____
Insurance:	Homeowners/Rental Insurance	\$ _____
	Medical	\$ _____
	Life	\$ _____
	Automobile (monthly amount)	\$ _____
Miscellaneous:	Doctor bills balance \$ _____ monthly payment	\$ _____
	Hospital bills balance \$ _____ monthly payment	\$ _____
	Medication expenses	\$ _____
Credit Cards/Charge Accounts (Name, reason for use, balance amount & payment amount. If you are not making regular monthly payments please explain. If you need more space please attach a separate sheet):		
Name:	Balance:	Payment:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Loan Payments (Name, reason for loan, balance amount & payment amount. If you are not making regular monthly payments please explain. If you need more space please attach a separate sheet):		
Name:	Balance:	Payment:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Real Estate Taxes (Specify): _____		\$ _____
Other Expenses (Specify): _____		\$ _____
Total Monthly Expenses:		\$ _____

Monthly Income

Total Gross Earnings for Household	\$ _____
Bonus, Tips & Commission	\$ _____
Social Security Benefits	\$ _____
(please include letter from Government)	
Farm Income	\$ _____
Dividends & Interest	\$ _____
Real Estate Income	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Food Stamps	\$ _____
Other (Specify): _____	\$ _____
Other (Specify): _____	\$ _____
Total Monthly Income	\$ _____

Assets

Bank Accounts:

Checking Account:

Bank Name _____ Acct # _____ Balance \$ _____
 Bank Name _____ Acct # _____ Balance \$ _____

Savings Account:

Bank Name _____ Acct # _____ Balance \$ _____
 Bank Name _____ Acct # _____ Balance \$ _____

Real Estate (list all property that you own, i.e. house, mobile home, acreage, etc. - include description):

Property #1 _____ Amount Owed \$ _____ Market Value \$ _____
 Property #2 _____ Amount Owed \$ _____ Market Value \$ _____
 Property #3 _____ Amount Owed \$ _____ Market Value \$ _____

Other Assets (Personal property, auto, retirement/pension, etc. - include description):

#1 _____ Amount Owed \$ _____ Cash Value \$ _____
 #2 _____ Amount Owed \$ _____ Cash Value \$ _____
 #3 _____ Amount Owed \$ _____ Cash Value \$ _____
 #4 _____ Amount Owed \$ _____ Cash Value \$ _____

Total Assets: \$ _____

Notes Payable & Mortgage (list home loan, car loans, student loans, etc.):

Primary Mortgage, Address & Phone # _____ \$ _____

Equity or Second Mortgage, Address & Phone # _____ \$ _____

Purpose for Second Mortgage: _____

Other Loans (be specific), Address & Phone # _____ \$ _____

Other Debt (taxes, credit cards, bills, miscellaneous - include address)

Debt #1 _____ \$ _____

Debt #2 _____ \$ _____

Debt #3 _____ \$ _____

Debt #4 _____ \$ _____

Debt #5 _____ \$ _____

Total Liabilities: \$ _____

The information contained in this application is for the purpose of obtaining funding from the Jackson EMC Foundation, Inc., on behalf of the undersigned. Each undersigned understands that the information provided herein is used to consider the request for funding, and each undersigned represents and warrants that the information provided is true and complete and that the Jackson EMC Foundation may consider this application as continuing to be true and correct until a written notice of a change is provided. The Jackson EMC Foundation is authorized to make all inquiries it deems necessary to verify accuracy of the statements made herein. The Jackson EMC Foundation Board of Directors makes donations from funds collected through the Jackson EMC Foundation Operation Round Up Program. These funds are voluntary contributions from participating Jackson EMC members.

 Signature of Applicant

 Date

 Signature of Spouse/Co-Applicant

 Date