

# DEMCO Foundation/Operation Round Up

1810 S. Range Ave., Suite 2  
Denham Springs, LA 70726  
(225) 665-0317

All sections marked by \*\* must be accompanied with documentation.

## APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

### 1. Applicant's Personal Information

FIRST NAME		MIDDLE NAME			LAST NAME	
PRESENT ADDRESS	APT. #	CITY	PARISH	STATE	ZIP CODE	HOW LONG?
PREVIOUS ADDRESS	APT. #	CITY	PARISH	STATE	ZIP CODE	HOW LONG?
DATE OF BIRTH	SOCIAL SECURITY #		HOME PHONE #		WORK PHONE #	
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	

### 2. Amount Requested

\$ \_\_\_\_\_ HOW LONG WILL THIS AMOUNT HELP YOU? \_\_\_\_\_

### \*\*3. Proposed Use Of Funds (NO UTILITY BILLS)

- MEDICAL NEEDS/SUPPLIES     SHELTER  
 REPAIRS AND/OR MAINTENANCE     JOB-RELATED EXPENSES  
 OTHER PLEASE SPECIFY \_\_\_\_\_

Be specific. List exactly how funds are to be used. **If funds are to make repairs or purchase items, at least two written quotes must be provided.** Each repair estimate must state a brief description of work to be performed and must include a printed list of materials from store. Labor costs must also be included as well as the name, address, telephone number, and Social Security Number of person to perform labor.

### 4. All Members of Household

NAME	RELATION TO APPLICANT	SEX	DOB	GRADE IN SCHOOL (IF CHILD)	MONTHLY INCOME	SOURCE OF INCOME OR EMPLOYER NAME/PHONE #
1.) _____	_____	_____	____/____/____	_____	_____	_____
2.) _____	_____	_____	____/____/____	_____	_____	_____
3.) _____	_____	_____	____/____/____	_____	_____	_____
4.) _____	_____	_____	____/____/____	_____	_____	_____
5.) _____	_____	_____	____/____/____	_____	_____	_____
6.) _____	_____	_____	____/____/____	_____	_____	_____

**5. Monthly Household Expenses**

**Amount**

**\*\* HOUSING** RENT/MORTGAGE \$ \_\_\_\_\_  
Landlord/Mortgage Company \_\_\_\_\_ Telephone # \_\_\_\_\_

**FOOD** \$ \_\_\_\_\_

**\*\* UTILITIES** ELECTRICITY \$ \_\_\_\_\_  
(Provide copies of bills NATURAL GAS/PROPANE \$ \_\_\_\_\_  
for all utilities) WATER \$ \_\_\_\_\_  
TELEPHONE \$ \_\_\_\_\_  
CABLE/SATELLITE \$ \_\_\_\_\_

**\*\* TRANSPORTATION** AUTO. PAYMENT(S) \$ \_\_\_\_\_  
FUEL \$ \_\_\_\_\_

**\*\* INSURANCE** MEDICAL \$ \_\_\_\_\_  
DENTAL \$ \_\_\_\_\_  
LIFE \$ \_\_\_\_\_  
AUTO \$ \_\_\_\_\_  
HOME \$ \_\_\_\_\_  
BURIAL \$ \_\_\_\_\_

**\*\* MEDICAL** DOCTOR(S) – Provide copy of bills \$ \_\_\_\_\_  
HOSPITAL – Provide copy of bills \$ \_\_\_\_\_  
MEDICATION – Provide list of medicines & costs \$ \_\_\_\_\_  
**CHILD CARE/SCHOOL EXPENSES** \$ \_\_\_\_\_

**\*\* CHARGE ACCOUNTS/** \_\_\_\_\_ \$ \_\_\_\_\_

**\*\* CREDIT CARDS** \_\_\_\_\_ \$ \_\_\_\_\_  
(Provide copy of bill(s) \_\_\_\_\_ \$ \_\_\_\_\_  
showing purchases) \_\_\_\_\_ \$ \_\_\_\_\_

**\*\* LOANS** \_\_\_\_\_ \$ \_\_\_\_\_  
(List lending company name, \_\_\_\_\_ \$ \_\_\_\_\_  
telephone number and item(s) \_\_\_\_\_ \$ \_\_\_\_\_  
purchased) \_\_\_\_\_ \$ \_\_\_\_\_

**\*\* OTHER EXPENSES** \_\_\_\_\_ \$ \_\_\_\_\_  
(Please state: alimony, \_\_\_\_\_ \$ \_\_\_\_\_  
child support, other) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**6. Liabilities**

**Amount**

LIST ALL EXISTING DEBTS OF APPLICANT (AND CO-APPLICANT IF APPLICABLE)

**\*\* MORTGAGE**  
(Provide proof of mortgage)

1.) \_\_\_\_\_  
MORTGAGE HOLDER NAME

\$ \_\_\_\_\_

\_\_\_\_\_  
MORTGAGE HOLDER ADDRESS AND TELEPHONE NUMBER

2.) \_\_\_\_\_  
MORTGAGE HOLDER NAME

\$ \_\_\_\_\_

\_\_\_\_\_  
MORTGAGE HOLDER ADDRESS AND TELEPHONE NUMBER

**\*\* NOTES PAYABLE**  
(Provide proof of outstanding note)

1.) \_\_\_\_\_  
LENDER'S NAME

\$ \_\_\_\_\_

\_\_\_\_\_  
LENDER'S ADDRESS AND TELEPHONE NUMBER

2.) \_\_\_\_\_  
LENDER'S NAME

\$ \_\_\_\_\_

\_\_\_\_\_  
LENDER'S ADDRESS AND TELEPHONE NUMBER

3.) \_\_\_\_\_  
LENDER'S NAME

\$ \_\_\_\_\_

\_\_\_\_\_  
LENDER'S ADDRESS AND TELEPHONE NUMBER

**\*\* OTHER DEBT**  
(State type: taxes, bills outstanding, other)  
(Show proof of debt)

\_\_\_\_\_  
TYPE

\$ \_\_\_\_\_

\_\_\_\_\_  
TYPE

\$ \_\_\_\_\_

\_\_\_\_\_  
TYPE

\$ \_\_\_\_\_

**Total Liabilities**

**\$ \_\_\_\_\_**

**7. Sources of Monthly Household Income**

**Amount**

<b>** SALARY</b>	_____	\$ _____
(Provide copy of pay stub)	EMPLOYER'S NAME AND TELEPHONE NUMBER	
<b>WORKER'S COMPENSATION</b>		\$ _____
<b>BONUS, TIPS &amp; COMMISSIONS</b>		\$ _____
<b>UNEMPLOYMENT</b>		\$ _____
<b>AFDC/FOOD STAMPS</b>		\$ _____
<b>SOCIAL SECURITY (S.S.I.)</b> (Provide copy of determination)		\$ _____
<b>SOCIAL SECURITY DISABILITY (S.S.D.I.)</b>		\$ _____
<b>VETERANS BENEFITS</b>		\$ _____
<b>DIVIDENDS &amp; INTEREST</b>		\$ _____
<b>REAL ESTATE INCOME</b>		\$ _____
<b>FARM INCOME</b>		\$ _____
<b>OTHER</b>	_____	\$ _____
(Please state: alimony, child support, other)	TYPE	
	_____	\$ _____
	TYPE	
<b>TOTAL SOURCES OF MONTHLY INCOME</b>		<b>\$ _____</b>

DOES THE APPLICANT OR ANYONE IN THE HOUSEHOLD RECEIVE : (Check one)

**MEDICARE** \_\_\_\_\_ **MEDICAID** \_\_\_\_\_

**8. References (NOT A RELATIVE)**

Please list three references. (May not be a director or employee of Dixie Electric Membership Corporation (DEMCO) or the DEMCO Foundation.)

1. \_\_\_\_\_

NAME	PHONE #		
_____	_____		
ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____
RELATIONSHIP TO APPLICANT			
_____			
2. \_\_\_\_\_

NAME	PHONE #		
_____	_____		
ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____
RELATIONSHIP TO APPLICANT			
_____			
3. \_\_\_\_\_

NAME	PHONE #		
_____	_____		
ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____
RELATIONSHIP TO APPLICANT			
_____			



## 11. Additional Comments:

---

---

---

The information contained in this statement is for the purpose of obtaining funding from the DEMCO Foundation for the benefit of the undersigned (applicant). The applicant understands that the information provided will be used in deciding whether to grant funding, and individually represents and warrants that the information provided is true and complete and that the DEMCO Foundation may consider this statement as continuing to be true and correct until a written notice of change is provided. The DEMCO Foundation is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made on this application, including credit information concerning the applicant. The applicant grants to the DEMCO Foundation the right to check any and all credit references with respect to the information contained in the application and the applicant waives any right to restrict the DEMCO Foundation's access to such credit information. Applicant understands that if such credit information is made unavailable to the DEMCO Foundation, the DEMCO Foundation may reject the application. Information may be shared with an independent case manager and/or any other group of association providing assistance to persons in need. All information will be kept in the strictest confidence and will be used for the purposes intended.

I understand that the DEMCO Foundation has the right to fully audit the use of the donation at any time. I also understand that the DEMCO Foundation may use this application, if approved, for publicity and promotional purposes, but that my name and address will not be used for this purpose unless approved by me prior to the promotion.

---

**Signature of Applicant/Recipient or Representative/Guardian**

---

**Signature of Spouse/Co-Applicant**

---

**Date**

### CHECKLIST

- \_\_\_\_\_ **Completed ENTIRE Application.**
- \_\_\_\_\_ **Specific details for #3 - "Proposed Use of Funds".  
The DEMCO Foundation needs a detailed breakdown of cost for what is being requested.**
- \_\_\_\_\_ **Copy of your last Federal Income Tax Form and W-2.**
- \_\_\_\_\_ **Amount requested - Not to exceed \$2,500.**
- \_\_\_\_\_ **Signed and dated.**
- \_\_\_\_\_ **Starred items (\*\*) must have documentation or proof.**

# **DEMCO Foundation**

(225) 665-0317 Telephone  
(225) 665-3011 Fax

## **What is the DEMCO Foundation?**

A special organization created *to benefit needy individuals* who are served by DEMCO.

## **What will the Foundation fund?**

- Health and medical needs/supplies
- Special assistance in emergencies and other humane needs
- Shelter
- Repairs/Maintenance

The Foundation WILL NOT pay utility bills or grant money to political issues, candidates or campaigns.

## **Who will distribute the funds?**

The DEMCO Foundation Board of Directors reviews applications for funding and makes all decisions regarding Foundation grants.

**No funds are distributed directly to the applying individual.**

## **How can people apply for funding?**

If you need assistance in completing the DEMCO Foundation - Operation Round Up form, contact the DEMCO Foundation at (225) 665-0317, or the agency/organization where you received this form.

***All sections marked by \*\* must be accompanied with documentation.***

Return the completed form to:

**DEMCO Foundation  
1810 S. Range Ave., Suite 2  
Denham Springs, LA 70726**

## **How is money raised for the DEMCO Foundation?**

DEMCO members contribute to the program each month by rounding up their electric payments to the next dollar. Participation is voluntary and contributions average \$6.00 per year per account.