

DEMCO Foundation/Operation Round Up

P.O. Box 15659
Baton Rouge, LA 70895
(225) 262-2141

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

APPLICATION FOR ASSISTANCE

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

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

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			

9. Assets – What the Applicant Owns

Amount

**** CHECKING AND/OR SAVINGS ACCOUNT(S)**

	BANKING INSTITUTION	ACCOUNT #	\$ _____
	BANKING INSTITUTION	ACCOUNT #	\$ _____

REAL ESTATE
(Home and/or land)

	PARTIALLY OR WHOLLY OWNED	PARISH	\$ _____ MARKET VALUE
	PARTIALLY OR WHOLLY OWNED	PARISH	\$ _____ MARKET VALUE

SECURITIES
(Stocks, bonds, etc.)

	DESCRIPTION	IDENTIFICATION #	\$ _____ VALUE
	DESCRIPTION	IDENTIFICATION #	\$ _____ VALUE

AUTO(S)

	MAKE	MODEL	YEAR	LICENSE #	\$ _____ VALUE
	MAKE	MODEL	YEAR	LICENSE #	\$ _____ VALUE

OTHER (State type: personal property, loan receivable, life insurance [cash value], other assets.
Include description, account number, etc.)

	TYPE	\$ _____ VALUE
	TYPE	\$ _____ VALUE
	TYPE	\$ _____ VALUE

TOTAL ASSETS \$ _____

Statement of Financial Condition as of _____, _____.
MONTH YEAR

****10. Has applicant contacted any area social agency/organization/church for assistance?**

_____ YES _____ NO

IF YES, PLEASE LIST:
ORGANIZATION

SERVICES/GOODS RECEIVED

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.

RELEASE OF DEMCO ENTITIES

I, _____, do hereby release from any and all liability and do hold harmless, indemnify, and defend Dixie Electric Membership Corporation ("DEMCO"), DEMCO Foundation, Inc. (the "DEMCO Foundation"), and all DEMCO affiliates and subsidiaries, including all of the foregoing entities' employees, directors, attorneys, and agents (collectively, the "DEMCO Entities") for any inferior quality work or damages of any kind I have or will sustain resulting from any work performed, services or goods supplied, or any other assistance of any kind which has been funded or assisted by the DEMCO Entities, any contractor, or any other third parties in connection with the grant I am applying for from the DEMCO Foundation.

I recognize that the grant I have applied for from the DEMCO Foundation, as well as any services, goods, work, or other assistance provided, constitute a philanthropic act and charitable donation to me from the DEMCO Foundation. I further recognize that this donation from the DEMCO Foundation is not a contract and no consideration has been received by the DEMCO Entities. If funded I will voluntarily accept the grant and donation from the DEMCO Foundation and the DEMCO Entities shall have no responsibility or liability whatsoever to me for any work, services, goods, or other assistance funded or provided by either the DEMCO Entities or any third parties that may be engaged or hired, WITH MY PERMISSION AND AT MY DIRECTION, to provide said work, services, goods, or other assistance.

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) 262-2141 Telephone

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) 262-2141, 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
P.O. Box 15659
Baton Rouge, LA 70895**

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.