



1399 Business Park Dr. S. P.O. Box 190 • North Baltimore, OH 45872 • 800-445-4840 • CommunityTrustFund@hwe.coop • www.hwe.coop

HWE COMMUNITY TRUST FUND, INC. INDIVIDUAL / FAMILY APPLICATION

1399 Business Park Drive South North Baltimore, OH 45872-0190 800-445-4840 419-257-3024 Fax www.hwe.coop

Operation Round Up is a trust fund of monies collected from rounding up members' electric bills. The purpose of this fund is to use these collective donations to assist qualifying groups and individuals needing assistance. The following are funding guidelines:

- Financial need.
- Potential needs of the members and residents in the service territory and surrounding communities of Hancock-Wood Electric Cooperative.
- Funding requests should be for special needs and/or emergency needs and not for ordinary expense or budgetary items.
- Funds will not be awarded to pay utility bills, rents, leases, or mortgage payments.
- Funds will not be awarded should the applications be incomplete.
- Applicants are required to complete a grant final report.

Grant proposals will be reviewed by staff upon receipt. References will be checked and applications will be reviewed. A Grant Evaluation Rating Scale will be completed for each application. HWE COMMUNITY TRUST FUND, INC Board of Directors will consider each application at its next board meeting unless an emergency need is indicated. A special meeting of the board may be called and/or applications may be reviewed by electronic media in case of an emergency situation.

Quarterly Operation Round Up meetings are held on the third Monday of:

- February (submission deadline for this meeting is 3rd Monday of January)
- May (submission deadline for this meeting is 3rd Monday of April)
- August (submission deadline for this meeting is 3rd Monday of July)
- November (submission deadline for this meeting is 3rd Monday of October)

Please send two copies of the grant application to:

HWE Community Trust Fund, Inc.
Hancock-Wood Electric Cooperative, Inc.
1399 Business Park Drive South
North Baltimore, OH 45872-0190
419-257-3024 Fax

**HWE COMMUNITY TRUST FUND, INC.
INDIVIDUAL / FAMILY APPLICATION**

1. Name: _____
Last _____ First _____ Mid. Init. _____

2. Other household members: a. _____
b. _____
c. _____
d. _____
e. _____
Last First Mid. Init. Relationship

3. Address: _____ City: _____ ST: _____
Zip: _____

4. Phone-W: () _____ H: () _____ Cell: () _____ Fax: () _____

5. Email: _____

6. Employer of those listed above:

1.	_____	() _____
2a.	_____	_____
2b.	_____ () _____	_____
2c.	_____ () _____	_____
2d.	_____ () _____	_____
2e.	_____ () _____	_____
Name	Address	Supervisor Phone

7. State purpose of request. Include: A. Amt. requested, B. Specific use of funds, C. Estimate/quotes: attach one written estimate for requests under \$1000; attach two written estimates for requests over \$1000.

8. Are you receiving any other assistance or aid for above request? (e.g., donations, insurance)

Yes No If yes, please

list: _____

9. Statement of financial condition as of today's date: _____, _____, _____
Month Day Year

ASSETS:

AMOUNTS:

Cash: _____
\$ _____
_____ \$ _____

Real Estate: _____
Banking Institution Name Acct. No. _____
_____ \$ _____
_____ \$ _____

Securities: _____
Partial or Wholly Owned County _____ Market Value
_____ \$ _____
_____ \$ _____
Description Identification No. Value

Other Receivables: _____
\$ _____

[State type: personal property _____
\$ _____

loan receivable, auto, life _____
\$ _____

insur. (\$ value), other assets; _____
\$ _____

include descript., acct. no., etc.] Type Value
TOTAL ASSETS: \$ _____

LIABILITIES:

Notes Payable: _____
\$ _____
_____ \$ _____
_____ \$ _____

Mortgage: _____
Lender's Name Lender's Address _____
_____ \$ _____
_____ \$ _____

Other Debt: _____
\$ _____
[State type: taxes, bills _____
\$ _____
Outstanding, other] _____
\$ _____

TOTAL LIABILITIES: \$ _____

MONTHLY EXPENSES:

Housing: Mortgage Rent \$ _____

Food: \$ _____

Utilities: Electricity \$ _____ + Gas \$ _____ + Phone \$ _____ = \$ _____

Transportation: Auto payments \$ _____ + Gas \$ _____ = \$ _____
 Insurance: Medical \$ _____ + Life \$ _____ + Auto \$ _____ = \$ _____
 Medical: Doctors \$ _____ + Hospital \$ _____ + Medication \$ _____ = \$ _____
 Charge Accounts: (specify) _____
 \$ _____

 \$ _____
 Loans: (specify) _____
 \$ _____

 \$ _____
 Taxes: (specify) _____
 \$ _____

 \$ _____
 Other: (specify) _____
 \$ _____

 \$ _____

 \$ _____
 TOTAL MO. EXPENSES: \$ _____

SOURCES OF MONTHLY INCOME:

Salary: \$ _____
 Bonus, Tips & Commissions: \$ _____
 Dividends & Interest: \$ _____
 Real Estate Income: \$ _____
 Farm Income: \$ _____
 Other: [e.g., alimony, _____
 \$ _____
 child support, other] _____
 \$ _____
 TOTAL SOURCES OF MONTHLY INCOME: \$ _____

10. The board meets four times/year; is your request in need of immediate/emergency attention? Y N
 Only check "yes" if your request for relief is an urgent or unexpected crisis requiring immediate action.
 If so, when do you need a response
 by? _____

11. Please list three references: (may not be affiliated with Hancock-Wood Electric Cooperative)

a.	_____	_____	_____	_____	_____	_____	_____
	_____	()	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____	_____
	_____	()	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____	_____
	_____	()	_____	_____	_____	_____	_____
	Name	Address	City	ST	Zip	Phone	Relationship

12. The information contained in this statement is for the purpose of obtaining funding from the HWE COMMUNITY TRUST FUND, INC. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that HWE COMMUNITY TRUST FUND, INC. may consider this statement as continuing to be true and correct until a written notice of a change is provided. HWE COMMUNITY TRUST FUND, INC. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

 Signature of applicant/recipient Signature of spouse (if applicable) Date