



Amicalola EMC Trust  
544 Hwy 515 South  
Jasper, GA 30143  
(706) 253-5200

OFFICE USE ONLY	
A/C #	_____
Participates in ORU	_____
Total Previous Donations	_____
Last Donation	_____
Application Received	_____

### APPLICATION FOR DONATION FOR INDIVIDUAL AND / OR FAMILY

1. Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_  
Home Work Cell

E-mail address: \_\_\_\_\_

Note: Operation Round-Up funds may be awarded to qualifying individuals and 501(c)(3) charitable organizations for the following purposes: **food, shelter, clothing, health needs and education.**

**Amount Requested: \$** \_\_\_\_\_

2. Reason for request: **(Please itemize the costs and state how the funds will be used. Incomplete applications will be returned.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Other members of household:**

	<b>Last Name</b>	<b>First</b>	<b>Relationship</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**4. Income information for all members in the household:**

<b>Wages/Salaries/Tips:</b>	<b>Retirement/ Social Security Income:</b>	<b>Child Support/ Other Income:</b>
\$_____per month	\$_____per month	\$_____per month

Do you receive food stamps? \_\_\_\_\_ If yes, amount per month \$\_\_\_\_\_

**5. Employer(s) for all adult members in the household:**

(1) \_\_\_\_\_  
Employer Name Supervisor

\_\_\_\_\_  
Address Phone

(2) \_\_\_\_\_  
Employer Name Supervisor

\_\_\_\_\_  
Address Phone

6. Are you presently contributing to the Operation Round-Up Program? Yes / No (circle one)

7. Are you located within the service area of Amicalola EMC? Yes / No (circle one)

<u>Owned Properties &amp; Cash Value</u>		<u>Monthly Expenses</u>	<u>**Monthly Cost / Payment**</u>
Bank Name _____		<b>Mortgage / Rent</b>	\$ _____
Checking \$ _____		(circle one)	
Savings \$ _____		<b>Food</b>	\$ _____
<b>Property Value:</b> House \$ _____		<b>Utilities</b>	Electricity \$ _____
Cars/Truck \$ _____		Gas \$ _____	
Real Estate \$ _____		Telephone \$ _____	
<b>Retirement Fund</b> \$ _____		<b>Transportation</b>	Gas \$ _____
<b>Personal Property</b> \$ _____		Auto Payment \$ _____	
<b>IRA/401K</b> \$ _____		<b>Insurance</b>	Medical \$ _____
<b>TOTAL:</b> \$ _____		Life \$ _____	
<hr/>		Automobile \$ _____	
<u>Outstanding Loans</u>		Home \$ _____	
<u>**Full Amount Owed**</u>		<b>Medical</b>	Doctor \$ _____
<u>Mortgage Loan</u>		Hospital \$ _____	
Lender _____ \$ _____		Medication \$ _____	
<u>Car/Truck Loans</u>		<b>Property</b>	Taxes \$ _____
Lender _____ \$ _____		<b>Loan</b>	Payment \$ _____
Lender _____ \$ _____		<b>Other</b>	Payment \$ _____
<u>Other Loans</u>		<b>Credit Card</b>	Payment \$ _____
Lender _____ \$ _____		<b>TOTAL:</b>	\$ _____
<u>Credit cards</u>			
Card _____ \$ _____			
Card _____ \$ _____			
<b>TOTAL:</b>	\$ _____		

## References

**Please supply three (3) references. References may not be relatives or associated with Amicalola EMC or Amicalola EMC Trust.**

1.	_____	_____	_____
	Name	Address	Phone
2.	_____	_____	_____
	Name	Address	Phone
3.	_____	_____	_____
	Name	Address	Phone

The information contained in this statement is for the purpose of obtaining funding from the Amicalola EMC Trust 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 the Amicalola EMC Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Amicalola EMC Trust is authorized to make all inquiries they deem necessary including, but not limited to, a credit bureau history check to verify the accuracy of the statements made herein. Total allocations for individuals and families will ordinarily not be made for more than \$2,500.00 in a calendar year.

\_\_\_\_\_  
**Signature of Applicant / Recipient**

\_\_\_\_\_  
**Signature of Spouse**

\_\_\_\_\_  
**Date**

**\*\*\*Please sign below if you give us permission to add your account to the Operation Round-Up program. By doing so, it will "round-up" your statement total each month on your electric bill to the next highest dollar.\*\*\***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**