



Foundation

1900 Odell Owen Road, Lexington, North Carolina 27295 704-878-5104 or 800-822-0197 ext 1541

CAUTION: PLEASE BE SURE TO READ AND COMPLY WITH ALL REQUESTS FOR DOCUMENTATION. APPLICATIONS THAT ARE RECEIVED WITHOUT SUPPORTING DOCUMENTS CANNOT BE PROCESSED!!

Dear Applicant,

You will find enclosed an application for the EnergyUnited Foundation grant program.

Please be sure that you fill out the application in its entirety and that you attach any documents that are requested. Those documents would include:

1. Copies of supporting documents for your request including verification of the most recent monthly income. **DO NOT send any documents that you want returned.** When grants are given, you must provide the most current bill.
2. A copy of pages one and two or your most recent Federal and State tax returns. **DO NOT send your only copy. We will NOT return any documents. W-2 forms, pay stubs, or 1099's will not be accepted in place of tax returns.**
3. A statement of disability from your physician, the letter of determination from Social Security, or the Social Security statement or bank statement showing the amount of your monthly disability payment. **DO NOT send us a copy you want returned.**
4. If you are requesting assistance with items other than monthly bills, i.e. house repairs, car repairs, etc., **please submit at least two detailed estimates** with your application. **Estimates must be from different vendors for the same item(s) or work with the same materials and labor being stated separately on each estimate.** For any work on a residence, the contractor/handyman must also include the cost of a permit for county inspection – EnergyUnited requires an inspection be done for all residential work that is completed. Applications with only one estimate will be returned.

All applications are due in the Foundation office by the 25th of the month to be considered the third Tuesday of the following month. Any applications that are received after the 25th will be considered two months later. If the 25th falls on a weekend or holiday, the application must be received by the last business day prior to the 25th. **Faxed copies are not accepted.**

If for any reason the application is not filled out in its entirety or the required supporting documents are not attached, the application will be returned to the applicant to be completed. It is the applicant's responsibility to insure that the application is complete. Please be aware that if an application is returned to the applicant, it will delay the processing of the application. Applications that are returned must be received back by the 25th of the month to be considered the following month.

APPLICANTS MAY SUBMIT ONLY ONE APPLICATION EVERY SIX MONTHS.

Should you have any questions, please feel free to let us know.

Sincerely,

Debra W Citta

Debra W Citta
Foundation Administrator

CHECK OFF LIST

Please note: If your application is returned for any reason, it will be delayed for another month before being considered by the Board of Directors if it is received back after the 25th of the month.

- 1. COPIES OF ALL CURRENT HOUSEHOLD BILLS are included (not just payment stubs). *All bills and attachments must be out of envelopes and unfolded.*
- 2. Minimum of two estimates for any requested purchase(s) or work are included. *Detailed estimates must be from different vendors, on the vendor's forms or letterhead, and with all costs itemized – labor and materials must be quoted separately. For any work on a residence the contractor/handyman must also include the cost of a permit for county inspection, we require a county inspection after the work is completed (even if it is not required by the county, EnergyUnited Foundation requires the county to inspect).*
- 3. All columns on Page 3 are filled in and totaled.
- 4. Applications are signed and dated on Page 1 and signed on Page 4.
- 5. Pages 1 and 2 of the MOST RECENT Federal income tax return, for everyone in the household who filed, are included.
- 6. Pages 1 and 2 of the MOST RECENT State income tax return, for everyone in the household who filed, are included.
- 7. If income tax returns are not filed, provide proof of income and/or give reason for not filing tax returns and circle NO in the highlighted section on Page 4.
- 8. Application is completed in black or blue ink ONLY.
- 9. Give full name on page two of the application: last, first, and middle or maiden.
- 10. Original of application is submitted, not a copy. Faxed copies are not accepted.
- 11. If you or a household member has a medical situation please provide verification (doctor's statement, official medical records etc.) of this medical condition with your application.
- 12. Applicants may submit only one application every six months.



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1900 Odell Owen Road, Lexington, NC 27295 704-878-5104 or 800-522-3793 ext 1541

Regular Grant Application For Assistance to Individuals or Households

The information obtained in this application is solely for the purpose of determining qualification for a grant from the EnergyUnited Foundation, Inc. and will be kept in strictest confidence.

The person signing this application warrants that the information provided is true and complete. EnergyUnited Foundation, Inc. is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. Any deliberate falsehoods detected will be strong grounds to deny the assistance application. To receive assistance from the Foundation, you do not have to receive electric power from EnergyUnited, but you must reside within EnergyUnited's electric service area.

Incomplete applications will be returned to the applicant.

Grant applications are to be completed and returned to ANY EnergyUnited electric office, or mailed to EnergyUnited Foundation, Inc., 1900 Odell Owen Road, Lexington, NC 27295.

FAXED OR EMAILED COPIES ARE NOT ACCEPTED.

Funding Criteria

The EnergyUnited Foundation, Inc. Board of Directors shall disburse funds donated by members of EnergyUnited on behalf of individuals and households who are suffering unusual and/or unexpected problems and are in grave need of assistance. Grants may be used to pay for items such as shelter, bills, emergencies, and other humane needs. Grants ARE NOT awarded for school tuition and fees, medical bills or business related expenses.

APPLICANTS MAY ONLY SUBMIT ONE APPLICATION EVERY SIX MONTHS.

Disbursements are limited to \$3,500 within a 12 month period for individuals and \$10,000 within a 12 month period for households.

To ensure confidentiality, decisions made by the EnergyUnited Foundation Board of Directors will NOT be discussed with anyone. Reasons for Board decisions will not be given to anyone, including the applicant, if the request is granted or denied.

Funds granted by the Foundation must be used within six months for the items stated in the granting letter. Funds granted for one item cannot be used to pay for a different item. Grant applications must be received by the 25th of the month to be considered by the Board at the following month's Board Meeting. An application received after the 25th of the month will be carried over to the second month. If the 25th falls on a weekend or holiday, the application must be received by the last business day prior to the 25th.

I HAVE READ AND UNDERSTAND THE CRITERIA REQUIRED FOR THIS GRANT.

Signature of Applicant

Date

Name of Applicant (Please print) _____

1. Full Name of Applicant: _____

Last Name First Name Middle or Maiden Name

2. Social Security Number: _____ Date of Birth: _____

3. Address: _____ Email Address: _____

Street

Town

State

ZIP

County

4. Home Telephone Number: (_____) _____ Must have a phone number to contact you for your application to be considered.

Day-time Phone Number: (Needed to contact for interview between 8 AM and 4 PM) (_____) _____

Cell Phone Number: _____ Marital Status: _____

5. Employer or Former employer of Applicant: _____ If unemployed, last day worked: _____

Name of Employer

(_____) _____

Address of Employer

Work Telephone

Hours worked per week: _____ Hourly rate of pay: _____

Name of Supervisor

6. List YOURSELF and ALL other people living with applicant (attach additional page if necessary):

Name (please print)

Relationship

Date of Birth

AGE

Social Security Number of anyone over 18

Employer or Name of School

a. _____

b. _____

c. _____

d. _____

7. Assistance Requested: (Give as many details as possible. Include specific use of funds, including amount requested. Attach supporting documents. This is the area to prove to us that you need assistance. (If approved, the Foundation pays bills. We do not give direct cash grants).)

Amount Requested: \$ _____ (Bills and/or a minimum of two detailed estimates are required to substantiate amount requested.)

What do you need help with (specific bills, etc.)? _____

Explain your situation. Why are you unable to pay for this/these items yourself? (Attach ONLY ONE additional page if needed.) _____

8. Total MONTHLY household income (ALL INCOME of EVERYONE living in the home):

Person earning income

Salaries – Monthly Gross Income:.....\$ _____
 Net Pay – Monthly take home pay:.....\$ _____
 Medicare or Medicaid (circle one or both) _____
 Disability (SSD or VA – circle one):.....\$ _____
 Retirement:.....\$ _____
 Child support received:.....\$ _____
 Food Stamps/SNAP:.....\$ _____
 Work First:.....\$ _____
 SSI:.....\$ _____
 Temp Assist Needy Families:.....\$ _____
 Housing Assistance () Yes () No.....\$ _____
 Unemployment (monthly amount).....\$ _____
 Other pensions:.....\$ _____
 Workers Comp:.....\$ _____
 Pell or Educational grants:.....\$ _____
 Any other income: _____ \$ _____
 _____ \$ _____

Total Monthly Household Income:
(DO NOT INCLUDE FOOD STAMPS) \$ _____
Total Cash Held in Hand/Checking Accounts/Savings Accounts/Stocks, etc. \$ _____

9. Monthly Expenses :(Attach copies)

	<u>Typical Month</u>	<u>Past Due Amounts Owed</u>
Home: () Rent () Mortgage (check one)	\$ _____	\$ _____
Electricity:.....	\$ _____	\$ _____
Telephone:.....	\$ _____	\$ _____
Cell Phone:.....	\$ _____	\$ _____
Water/Sewer:.....	\$ _____	\$ _____
Cable TV:.....	\$ _____	\$ _____
Gas for car/truck:.....	\$ _____	\$ _____
Home heating oil or gas:.....	\$ _____	\$ _____
Groceries (amt in excess food stamps).....	\$ _____	\$ _____
Car payments:.....	\$ _____	\$ _____
Car insurance, monthly cost:.....	\$ _____	\$ _____
Homeowners/Renters insurance:.....	\$ _____	\$ _____
Medical insurance:.....	\$ _____	\$ _____
Medical Bills: (Attach copies)	\$ _____	\$ _____
Prescription medicine:	\$ _____	\$ _____
Credit Cards: _____	\$ _____	\$ Balance \$ _____
_____	\$ _____	\$ Balance \$ _____
_____	\$ _____	\$ Balance \$ _____
_____	\$ _____	\$ Balance \$ _____
_____	\$ _____	\$ Balance \$ _____

Loans and other debts:

_____ \$ _____ \$ _____
 _____ \$ _____ \$ _____
 _____ \$ _____ \$ _____

Total Monthly Expenses: \$ _____
Total Amount Over Due: \$ _____

Amount of property owned (number of acres) _____
 Year, make & Model of car _____
 Year, make & Model of 2nd car _____
 Mobile home, other vehicles, boats, trailers, equipment, RVs, etc. owned _____

10. Is individual or household receiving any other form of assistance or aid from any agency, organization, or person (donations, insurance, etc.)? YES _____ NO _____
 If "Yes", please indicate sources of assistance and amount: _____

11. If you have children, do you receive child support? _____ How much per month? _____ If not, please explain why not. _____
12. Have you, or has someone on your behalf, previously submitted an application?

13. If you received a tax refund on your most recent return how did you spend the money? _____
Please provide proof of any expenses over \$500.

*** **Attach a copy of pages 1 & 2 of last year's Federal (Form 1040) AND** ***
*** **State Income Tax Return (Form D-400) for everyone living in the home** ***
or provide proof of any other income (example: copy of Social Security determination letter, annual statement from SS Administration or bank statement proving monthly income).

If Income Tax Returns are not attached, the application will be returned. Do not send your only copy. We will NOT return any documents. Circle this NO if you did not file a tax return. Why didn't you file a tax return? Please explain: _____

Please include W-2's even if you did not file a tax return, but they will not be accepted in place of tax returns. Pay stubs and 1099's are not accepted in place of a tax return.

*** **If under a doctor's care or disabled, please attach a doctor's statement of condition with a diagnosis or proof of disability.**

Name of doctor: _____

"The information provided in the application to EnergyUnited Foundation is true and complete. The Foundation is authorized to contact doctors, employer, any agency that provides assistance, and others to verify the information provided. I understand any deliberate falsehoods or efforts to mislead the Foundation will be strong grounds to deny the requested assistance. I also understand that the information contained in this application may be shared with other agencies or groups providing assistance."

Please note: Any documents submitted with this application will not be returned. Applicants may submit only one application every six months.

Signature of Person filling out application if other than named applicant

Name of person filling out application if other than named applicant.