



## **B-Y Electric Operation Round Up Fund**

**PO Box 158, Tabor, SD 57063**

**Phone: 605-463-2507 Fax: 605-463-2419**

**Attn: Operation Round Up Coordinator**

### **Application for Individual/Family**

**Disbursements of funds are only considered under the following circumstance:**

1. An unforeseen event/condition has occurred (e.g. a special need caused by an event/condition that was neither expected nor intended).

**The following forms must be completed and attached to application:**

- Application (completely filled out and signed)
- Tax Return (most current year filed)
- Doctor Statement (if currently unable to work or totally disabled)

***Applications submitted without all necessary documents attached will not be considered.***

***If you have questions and need assistance with the application, please call Stephanie at 1-605-463-2507.***

## B-Y Electric Operation Round Up Fund

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

<b>Applicant:</b> _____	<b>Phone:</b> _____
<b>Address:</b> _____	<b>City:</b> -

<b>Explanation of Unforeseen Event/Condition/Special Need:</b>	<b>Amount Requested:</b> \$ _____
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<b>Specific Use of Funds:</b> _____
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	Members of Household	Age	Relationship	Employed	Salary
1				Yes <input type="checkbox"/> No <input type="checkbox"/>	
2				Yes <input type="checkbox"/> No <input type="checkbox"/>	
3				Yes <input type="checkbox"/> No <input type="checkbox"/>	
4				Yes <input type="checkbox"/> No <input type="checkbox"/>	
5				Yes <input type="checkbox"/> No <input type="checkbox"/>	
6				Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Employment History of Household Members 18 and older listed above:</b>			
	<i>Name</i>	<i>Employer</i>	<i>If unemployed, date last worked &amp; reason for departure:</i>
1			
2			
3			
4			



Monthly Expenses		Amount
<b>Housing</b>	Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>	
	<b>Utilities</b>	Electricity
		Gas
		Water
		Food
<b>Communication</b>		Cell Phone
		TV/Cable
		Internet/House Phone
<b>Transportation</b>		Automobile Payments
		Gasoline
<b>Insurance</b>		Auto Insurance
		Life Insurance
		Medical Insurance
<b>Medical</b>		Doctors
		Hospital
		Medication/Drugs
<b>Charge Accounts</b>		Credit Card
		Credit Card
<b>Loan Accounts</b>		Loan
		Loan
		Loan
<b>Other Expenses</b>		Other
		Taxes
		<b>Total</b>

List three references with complete names, addresses and telephone numbers. No director or employee of Bon Homme Yankton Electric Association, Inc. may be listed:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from B-Y Electric Operation Round Up Fund. 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 Bon Homme Yankton Electric Association, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. Bon Homme Yankton Electric Association, Inc. and the Committee for Operation Round Up are authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. As a condition of receiving and accepting these funds, the undersigned agrees that all funds will be used for the project approved and as stated in the application. Any funds not used shall be returned to the B-Y Electric Operation Round Up Fund.

**SIGNATURE OF APPLICANT/RECIPIENT:** \_\_\_\_\_

**SIGNATURE OF SPOUSE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

