



To Whom It May Concern:

Please complete and return the attached Operation Round-Up assistance application along with all needed documentation. This program is offered to our members and is intended to give financial assistance to families or individuals who have suffered a current **catastrophic** loss or event.

In order to process your application we will need the following information:

- Must be a WREC member for over a year.
- Proof of income for your household (SSI, SS, food stamps, pay stub, etc.).
- Letter from doctor stating health issues or catastrophic loss.(sickness or illness in home. Must show catastrophic event proof.)
- 2 months of bank statements (all pages) of your checking and savings accounts.
- 3 bids from 3 different companies on the cost of the item you are requesting. Please make sure the estimates are **100% of the cost**. If you are requesting a roof, the estimates must state that ALL WOOD is included in the estimate.
- If you are requesting rent/mortgage paid, provide rental agreement/mortgage bill with contact information from landlord/lender and how many months you are requesting.
- Letter from you explaining health issues in home and when they started, also why you need assistance and what you need assistance with.
- Please include a recent picture of you and your family so that we may use to promote this program on social media, if you get approved.

Once we receive that documentation, we will be able to evaluate the application and determine whether or not it qualifies for assistance. Operation Round-Up does **not** give funding for utilities (electric, gas, water, phone, etc.), medical bills, or charge accounts (credit cards, store accounts).

If you have any questions, please email OperationRoundUp@wrec.net

OPERATION ROUND-UP APPLICATION FOR ASSISTANCE

Office Use Only / Account #:

Member Since:

Office Use Only / District Office:

Name:

Date of Birth:

Age:

Address:

WREC Account Number:

Home Phone:

Employer & Address:

Supervisor:

Occupation:

Section B: Other Members of Household

Name:

Relationship:

Age:

Employer:

Name:

Relationship:

Age:

Employer:

Name:

Relationship:

Age:

Employer:

Name:

Relationship:

Age:

Employer:

E-mail Address (we will email you updates on your application)

@

Section C: Reason for Request (include amount requested, specific use of funds & attach any documentation)**Has this Member / household ever received Operation Round-Up funding before?**

Circle One:

YES

NO

If you have had assistance in the past then your application will be denied.
This program only helps one time per Member.

By signing, I agree that if I am approved for assistance, I will donate to Operation Round-Up for one year.

Signature of Applicant (required)

Date

**Is individual/family receiving any other form of assistance for the above stated request
such as donations, insurance, etc?**

What is your current catastrophic event? (illness, injury, death, house fire, etc.) must have proof attached.

Have you been a WREC member for over a year?

YES



NO



If no, you do not qualify for assistance. You must be a WREC member for over a year.

Statement of Financial Condition as of _____, 20_____.

Name of Depository:	Address:	Account No.:	Amount:
			\$
			\$
			\$
			\$

List home and all other items you own, or partially own, and location of any properties

Property:	Location (City, County):	Market Value:
		\$
Auto/Boat:	Year, Make, Model:	Value:
		\$
		\$
		\$
Securities (description):	ID Number:	Value:
		\$
		\$
		\$

Other receivables (personal property, loan receivables, auto and life insurance (cash value), and other assets. Include descriptions and account numbers.

Description:	Value:

Additional Notes

LIABILITIES

In addition to rent/mortgage, list all other debts (for example, auto loans, credit cards, second mortgages home association dues, alimony, taxes, etc.)

Notes Payable:	Creditor Name & Address:	Balance:
		\$
		\$
		\$
		\$

Mortgage:	Company Address:	Balance:
		\$
		\$
		\$
		\$

Auto/Boat Loan:	Company Address:	Balance:
		\$
		\$
		\$
		\$

Credit Card:	Company Address:	Balance:
		\$
		\$
		\$
		\$

Bills outstanding, alimony, child support, other		
Creditor:	Address:	Balance:
		\$
		\$
		\$

Monthly Expenses

Item:	Amount:
Housing: Own? _____ Rent? _____	\$ _____
Food:	\$ _____
Utilities:	Electric \$ _____ Gas \$ _____ Cell Phone \$ _____ Cable/TV \$ _____
Transportation:	Car payments \$ _____ Gasoline \$ _____
Insurance:	Medical \$ _____ Life \$ _____ Auto \$ _____
Medical:	Doctors \$ _____ Hospital \$ _____ Medications \$ _____
Charge Accounts: (Specify)	\$ _____ \$ _____ \$ _____
Loans: (Specify)	\$ _____ \$ _____ \$ _____
Taxes: (Specify)	\$ _____ \$ _____ \$ _____
Other Expenses: (Specify)	Garbage \$ _____ Wifi/Internet \$ _____ \$ _____
Total Monthly Expenses Notes/Explanations:	\$ _____

Sources of Monthly Income

Salary:

Employer's Name: _____ \$ _____

Employers Name: _____ \$ _____

Bonus, Tips, & Commission: _____ \$ _____

Dividends & Interest: _____ \$ _____

Real Estate Income: _____ \$ _____

SS/SSI: _____ \$ _____

Retirement: _____ \$ _____

Workman's Compensation: _____ \$ _____

Cash Assistance: _____ \$ _____

Food Stamps: _____ \$ _____

Other: (Please state: alimony, child support, unemployment, etc. If due or delinquent, state which county and state it is filed in and who to contact for payment).

\$ _____

\$ _____

\$ _____

Total Sources of Income \$ _____

If not employed, list previous employer and employment dates.

Have you refused employment in the last 12 months? If yes, why?

Personal References (Please list 3 references other than relatives. May not be a WREC employee or WRECare, Inc. Director).

Name: _____ Address: _____

Phone Number: _____ Relationship: _____ How long? _____

Name: _____ Address: _____

Phone Number: _____ Relationship: _____ How long? _____

Name: _____ Address: _____

Phone Number: _____ Relationship: _____ How long? _____

The information contained in this statement is for the purpose of obtaining funding from WRECaress 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 WRECaress may consider this statement as continuing to be true and correct until a written notice of a change is provided. WRECaress or their authorized agent(s) is granted permission to make all inquiries that they deem necessary including references, criminal and credit inquiries to verify the accuracy of the statements herein.

Signature of Applicant/Recipient

Signature of Spouse (if applicable)

Date

Wrecares, Inc. Board of Directors

Robert Giammarco, President
Gerard Mulligan, Vice President
Pam Lee, Secretary
Duane Wilson, Treasurer
Paula Lewis
Melvin Brunet
Gary Steele
Carol Defilippo
David Gonzalez
Thomas Feeney
Ashley Sullivan

Model and Information Release

I/We, the undersigned, hereby consent that any or all facts, information, or photographs (electronic or film) may be used by Withlacoochee River Electric Cooperative, Inc. and its agents, successors, licensees, assignees, and respective clients, without compensation therefore and with limited rights and permission to use any and all, or parts thereof, for news, editorials, trade, publicity, and/or advertising; with such additions, alterations, or changes therein as may be the discretion of Withlacoochee River Electric Cooperative, Inc., and WRECare, Inc.

Signature

Signature

Print Name

Print Name

Address

Address

City State Zip

City State Zip

If the person signing the foregoing instrument is less than eighteen years of age, a parent or guardian of such minor should sign the following:

I hereby guarantee that I am the parent/guardian for the minor who signed the foregoing instrument; and I, individually and as parent/guardian of said minor, hereby consent and agree to all terms and provisions of the foregoing instrument.

Parent/Guardian Signature

Print Name

Date