



## Application for Assistance - Individual or Family

### How can an individual or family apply for funding?

Applications may be obtained by mail, website, or at the cooperative office. Submit to AEC. Please check for possible deadlines.

**Grants are limited to a maximum of \$400 per household in a 12 month period.**

### How is this program funded?

This program is funded by Operation Round Up, a nationally-recognized program funded by AEC members and unclaimed capital credit checks. Participating members voluntarily have their monthly electric bill rounded up to the next dollar amount, contributing an average of \$6 annually to Operation Round Up fund. For more information visit [www.anzaelectric.org/content/operation-roundup](http://www.anzaelectric.org/content/operation-roundup) or email [aec@anzaelectric.org](mailto:aec@anzaelectric.org).

### Who is eligible for funding?

To be eligible you must live within the Anza Electric Service territory. You will need to provide proof of your residency so that it can be verified with Anza Electric. You do not need to be a member but must live within the AEC service territory.

### What is the selection process?

Funds are administered by Anza Electric and forwarded to the local charitable organizations. Certain guidelines are followed and decisions are based on the amount of funds available and the number of requests. All applicants will be notified within 30 days of the decision. All checks or payments will be made directly to the service provider unless a special arrangement has been made or due to special circumstances or gift cards are distributed.

This is a partial list of items which **DO NOT QUALIFY** for funding:


- Christmas Gifts
- Travel Expenses
- Other – Items not listed above that do not meet the goals of assistance fund

**Assistance will only be granted for living human beings.**

**For Committee Use Only:** \_\_\_\_\_ *Approved* \_\_\_\_\_ *Denied*

*Our members are the most important part of our cooperative*

**Anza Electric Cooperative, Inc.**

A Touchstone Energy® Cooperative 

*Submit your application to:*

**Anza Electric for review and submittal to  
The Thimble Club Attn: CCP Committee**

P O Box 391909

Anza, CA 92539

951-763-4333

### Application Checklist

#### **Complete all of this application.**

Indicate if a question does not apply to you. Unanswered questions may result in an incomplete application.

#### **Provide all of the following:**

1. Tell how the funds will be used.
2. Explain the circumstances that have prompted your need of assistance.
3. Attach appropriate bids/estimates/bills etc. directly relating to your request.
4. Provide proof of household income.
5. Provide proof of residency.
6. Provide copy of picture ID.

**If an individual needs help in filling out the application, the person helping should indicate their name, relationship to applicant and how they may be contacted.**

**It is the sole responsibility of the applicant to meet the requirements listed above. Your application will automatically be denied if incomplete.**

Application for Individual and/or Family

Request

Amount of Request: \_\_\_\_\_

Please attach a personal letter to:

Tell how the funds will be used, and

Explain the circumstances that have prompted your need of assistance.

List the name of the business or service provider that will receive funds if this application is approved. We do not issue checks to individuals, therefore appropriate bids/estimates/bills etc. from the business or service provider must be attached to this application.

Personal Information

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Anza Electric Cooperative Account #: \_\_\_\_\_ (You don't have to be a member to qualify.)

Address: \_\_\_\_\_  
Street Address/City/Zip

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List all members of household including children (include name, age, and relationship to you):

Name, Age, Relationship

Name, Age, Relationship

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

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

Income

Monthly Income: Please list total monthly income per adult residing in home and type of income (e.g. paychecks, SSI, SSA, Workers Compensation, other).

If no income exists, EACH adult in the household will need to show how his/her needs are being met and complete the "No Income Statement" form on the last page of this application.

Applicant: \$ \_\_\_\_\_  
Income Type(s)

Adult #1 living in home: \$ \_\_\_\_\_  
Income Type(s)

Adult #2 living in home: \$ \_\_\_\_\_  
Income Type(s)

Adult #3 living in home: \$ \_\_\_\_\_  
Income Type(s)

Is individual/family receiving any other form of assistance or aid (donations, insurance, child support, food stamps, etc.)? Yes No If Yes, please list (be specific and include amounts granted).

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

The information contained in this application is for the purpose of obtaining assistance on behalf of the undersigned. The undersigned understands the information provided herein is used to consider their funding request, and represents and warrants that the information provided is true and complete, and that will continue to be true and complete until the undersigned provides written notice of a change. The Thimble Club or any charitable organization designated by AEC is authorized to make all inquiries it deems necessary to verify accuracy of the statements made herein. All funding is made from monies collected through the AEC Operation Round Up program and unclaimed capital credits.

Signature of Applicant

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of Spouse/Co-Applicant

Date

\_\_\_\_\_

\_\_\_\_\_

## No Income Statement – Adult #1

Name of individual: \_\_\_\_\_

YES NO During the previous month have you been employed part time?  
YES NO During the previous month have you been self-employed?  
YES NO During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc.?  
YES NO During the previous month have you received any gifts of money from anyone?  
If yes, please list the name and phone number of the person who gave you the gift.

\_\_\_\_\_

YES NO Are you using savings or a home equity loan? \_\_\_\_\_  
YES NO Are you using some other asset? How much? \_\_\_\_\_  
YES NO Are you borrowing from credit cards? How much? \_\_\_\_\_  
YES NO Are you borrowing from some other source? How much? \_\_\_\_\_

Please tell us how you paid your monthly expenses during the previous months:

Rent: \_\_\_\_\_

Utilities: \_\_\_\_\_

Food: \_\_\_\_\_

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Signature

## No Income Statement – Adult #2

Name of individual: \_\_\_\_\_

YES NO During the previous month have you been employed part time?  
YES NO During the previous month have you been self-employed?  
YES NO During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc.?  
YES NO During the previous month have you received any gifts of money from anyone?  
If yes, please list the name and phone number of the person who gave you the gift.

YES NO Are you using savings or a home equity loan? How much? \_\_\_\_\_  
YES NO Are you using some other asset? How much? \_\_\_\_\_  
YES NO Are you borrowing from credit cards? How much? \_\_\_\_\_  
YES NO Are you borrowing from some other source? How much? \_\_\_\_\_

Please tell us how you paid your monthly expenses during the previous months:

Rent: \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Food: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

**Anza Electric Cooperative, Inc.**

A Touchstone Energy® Cooperative 