

#### 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).
- 2. A special need for applicants who are:
  - a. Elderly---65 years of age or older as verified by identification; or,
  - b. Disabled---as verified in writing by a medical doctor; or,
  - c. Suffering from a debilitating disease---as verified in writing by a medical doctor.

#### The following forms <u>must</u> 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)
Landlord Statement (if renting, completely filled out and signed by landlord)
Proof of ALL income (wages, pensions, Social Security, Supplemental Security Income veterans benefit and SNAP benefits)

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

If you have questions and need assistance with the application, please call 1-843-208-5554.

### PALMETTO ELECTRIC TRUST

# APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

Applicant:			Pho	Phone:		
Address: City:				y:		
Explan	nation of Unforesee	n Event/Condition/Spe	cial Need	Amo	ount Requested:	\$
_						
Specifi	ic Use of Funds:					
	3.6.1		1,		- , ,	~ .
<u> </u>	Members of	Household	Age	Relationship	Employed	Salary
1					Yes □ No □	
2					Yes □ No □	
3					Yes □ No □	
4					Yes □ No □	
5					Yes □ No □	
6					Yes □ No □	
Emplo	yment History of H	Iousehold Members 18	and olde	r listed above:		
	Name	Employer		If unemployed, date last worked & reason for departure:		
1						
2						
3						

DEBTS	Lender's Name & Address	Amount
Credit Card		
Credit Card		
Loan		
Loan		
Loan		
Mortgage		
Property Taxes		
Vehicle Taxes		
Other		
Other		
	Total	

ASSETS		Information			Amount
Checking Account	Bank:				
Savings Account	Bank:				
House Value					
Land					
IRA					
401k					
Investments					
Vehicle	Make:	Model:	Year:		
Vehicle	Make:	Model:	Year:		
Boat/Four-Wheeler	Make:	Model:	Year:		
Life Insurance	Company:				
Other					
				Total	

Income				
Monthly	Person	Amount		
Wages				
Wages				
Bonus, Tips & Commissions				
Social Security				
Social Security				
SSI				
SSI				
AFDC				
Child Support				
SNAP/Food Stamps				
Alimony				
Dividends & Interest				
Rental Income				
Other Income				
Total				

Other Assistance you have received or applied for			
Assistance	Amount		
Family			
Church			
Organization			
Organization			
Organization			
Other:			
Other:			
Total			

Housing	Mortgage □ Rent □	
Utilities	Electricity	
	Gas	
	Water	
	Food	
Communication	Cell Phone	
	TV/Cable	
	Internet/House Phone	
Transportation	Automobile Payments	
•	Gasoline	
Insurance	Auto Insurance	
	Life Insurance	
	Medical Insurance	
Medical	Doctors	
	Hospital	
	Medication/Drugs	
Charge Accounts	Credit Card	
	Credit Card	
Loan Accounts	Loan	
	Loan	
	Loan	
Other Expenses	Other	
	Taxes	
	Total	
List three references with complete names, addresses and Palmetto Electric Cooperative or the Palmetto Electric T	l telephone numbers. No di rust may be listed:	rector or employee of
Palmetto Electric Cooperative or the Palmetto Electric T  1. Name:	I telephone numbers. No di rust may be listed:	
Palmetto Electric Cooperative or the Palmetto Electric T  1. Name: Address:	I telephone numbers. No di rust may be listed:  Phone: City:	rector or employee of State:
Palmetto Electric Cooperative or the Palmetto Electric T  1. Name: Address: 2. Name:	Phone: City: Phone:	State:
Palmetto Electric Cooperative or the Palmetto Electric T  1. Name: Address:	I telephone numbers. No di rust may be listed:  Phone: City:	State:
Palmetto Electric Cooperative or the Palmetto Electric T  1. Name: Address: 2. Name:	Phone: City: Phone:	State:
Palmetto Electric Cooperative or the Palmetto Electric T  1. Name: Address: 2. Name: Address:	Phone: City: Phone: City: City:	State: State:
Palmetto Electric Cooperative or the Palmetto Electric T  1. Name:  Address:  2. Name:  Address:  3. Name:  Address:  The information contained in this statement is for the pelectric Trust on behalf of the undersigned. Each provided herein is used in deciding to grant funding, and the information provided is true and complete and tha statement as continuing to be true and correct until a Palmetto Electric Trust is authorized to make all inquirithe statements made herein.	Phone: City: Phone: City: Phone: City: Phone: City: Phone: City: Phone: City: Application of obtaining funding undersigned understands at leach undersigned represent the Palmetto Electric True written notice of a changes they deem necessary to very application of the palmetto Electric True written notice of a changes they deem necessary to very application of the palmetro Electric True written notice of a changes they deem necessary to very application of the palmetro Electric True appli	State: St

**Monthly Expenses** 

Amount



## **Landlord Statement**

Renter Information:		
Renter Name:		
Renter Legal Address: (As shown on tax record)		
Household Composition:	# Adults:	# Children:
Deposit Required: □Yes □	No Amount: \$	Paid: □Yes □No
Rent Amount: \$	_ Pass Due: □Yes □No If Y	es, Amount: \$
Landlord Information:		
Name:		
Address:		
		Signature of Landlord