



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 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)
- 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: _____	Phone: _____
Address: _____	City: _____

Explanation of Unforeseen Event/Condition/Special Need:	Amount Requested: \$ _____

Specific Use of Funds: _____

	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"/>	

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

Monthly Expenses		Amount
Housing	Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>	
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 telephone numbers. No director or employee of Palmetto Electric Cooperative or the Palmetto Electric Trust may be listed:

- Name: _____ Phone: _____
 Address: _____ City: _____ State: ____
- Name: _____ Phone: _____
 Address: _____ City: _____ State: ____
- Name: _____ Phone: _____
 Address: _____ City: _____ State: ____

The information contained in this statement is for the purpose of obtaining funding from the Palmetto Electric Trust 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 the Palmetto Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Palmetto Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE



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 Yes, Amount: \$ _____

Landlord Information:

Name: _____

Address: _____

Phone #'s: _____

Signature of Landlord