APPLICATION FOR ASSISTANCE

from North Central Missouri Electric Cooperative's "CARING CO-OP NEIGHBORS" Program

APPLICANT INFORMATION

Family's Last Name

NCMEC Account # (from electric bill)

Address

City, State, ZIP

Names of family members and other people living in household:

Name	Birthdate

Telephone # (if no phone - where we can reach you if we have questions)

What was your total household income in the past 30 days? Include ALL household income, including EBT, SNAP, WIC, Unemployment, and any other source of income.

Current place of employment

I need help because (if medical, please attach statement from doctor)

If funds requested are approved, how will they be used?

BILLS / EXPENSES

I am requesting funds to assist applicant in paying for the following:

(Please attach copies of bills, estimates or other material that would be helpful in determining your eligibility)

VENDOR INFORMATION

OTHER: PLEASE SPECIFY (phone, food, clothing, relocation, etc.)

Amount

Vendor's Name

Address

Telephone Number

Type of Expense

VENDOR INFORMATION

OTHER: PLEASE SPECIFY (phone, food, clothing, relocation, etc.)

Amount

Vendor's Name

Address

Telephone Number

Type of Expense

VENDOR INFORMATION

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Vendor's Name

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CARING CO-OP NEIGHBORS COORDINATOR

THIS PORTION OF APPLICATION TO BE COMPLETED BY CARING CO-OP NEIGHBORS COORDINATOR

Date Application Received

Date Application Screened

ACTION TAKEN BY TRUSTEES

Motion Made to:

APPROVE $

(may be equal to or less than amount requested)

CHECK ONE:

DISAPPROVE Application. Comments:

FINAL DECISION

Please indicate APPROVE or DISAPPROVE above and include comments as needed.