

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

Family's Last Name _____ NCMEC Account # _____
(from electric bill)

Address _____

City, State Zip _____

Names, birthdates & Social Security Numbers of family members and other people living in household:

Name _____	Birthdate _____	SS# _____
Name _____	Birthdate _____	SS# _____
Name _____	Birthdate _____	SS# _____
Name _____	Birthdate _____	SS# _____
Name _____	Birthdate _____	SS# _____
Name _____	Birthdate _____	SS# _____

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

What was your total household income in the past 30 days? (please 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? _____

How much assistance are you requesting (Total of items listed below) \$ _____

I certify, by my signature below, that all the statements contained in this application are true to the best of my knowledge, and authorize the recommending agency and North Central Missouri Electric Cooperative to follow up and check any statement I have made.

SIGNATURE OF PERSON MAKING APPLICATION: _____

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

Heating or Air Conditioning Bill: \$ _____
Vendor's Name: _____
Address: _____
Telephone Number: _____

Vendor Information

Water Bill: \$ _____
Vendor's Name: _____
Address: _____
Telephone Number: _____

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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

Medical Bill: \$ _____
Vendor's Name: _____
Address: _____
Telephone Number: _____

Vendor Information

OTHER: PLEASE SPECIFY (phone, food, clothing, relocation, etc.) \$ _____
Vendor's Name: _____
Address: _____
Telephone Number: _____

Vendor Information

OTHER: PLEASE SPECIFY (phone, food, clothing, relocation, etc.) \$ _____
Vendor's Name: _____
Address: _____
Telephone Number: _____

Vendor Information

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Vendor's Name: _____
Address: _____
Telephone Number: _____

Vendor Information

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Vendor's Name: _____
Address: _____
Telephone Number: _____

Vendor Information

OTHER: PLEASE SPECIFY (phone, food, clothing, relocation, etc.) \$ _____
Vendor's Name: _____
Address: _____
Telephone Number: _____

If additional vendors, please attach separate sheet(s)

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 _____

