



Operation Round-Up Application


Operation Round-Up Application Check Off Sheet (This form must be returned with your application.)



If you are applying for Operation Round-Up funds, please answer the following questions and turn this sheet in with your application.

Only applications that are complete will be placed on the Board agenda for consideration.
*(Please use **BLACK PEN** only.)*

- Have you received service from United Power longer than 90 days?
(If not, you may reapply after 90 days.) YES NO
- Have you included a cover letter explaining why you need help? YES
- Have you included a copy of your most recent month's income?
(statement of wages, unemployment, social security, child support, disability allotment, etc.) YES
- If unemployed, does your cover letter indicate your circumstances and what you are doing to improve your financial situation? YES
- Have you completed all sections of the application form? YES
- Have you listed all persons living in your household, including their ages and income, as well as yours? YES
- Does the section titled "**Donation Request**" list each item and amount you are requesting? *(This information must be on the application form, not on a separate sheet.)* YES
- Have you **included copies of each of the bills** you are requesting help with in the same order as listed on your application? YES
- If you are requesting help due to a medical condition, have you included your **doctor's statement or proof of disability**? YES
- Please check the type of health insurance you have: Medicare Medicaid
 Other None
- If you are requesting repairs or replacement of an item, have you included **at least two estimates** from vendors in United Power's service territory? YES
- Have you **listed all assets including the value of your vehicle(s), house, bank accounts, etc.?** YES
- Have you **signed the application and the cover letter**? YES

 Signature of Applicant/Recipient: _____ Date: _____

This form requires three signatures - look for the  . Incomplete forms will delay processing. PRIORITY WILL BE GIVEN TO FIRST TIME APPLICANTS



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Application Instructions

Please read completely!

What is the Operation Round-Up Foundation?

Operation Round-Up is a non-profit fund, generated by and benefiting customers of United Power. The funds are administered and distributed according to the directions of a volunteer board made up of United Power customers.

Who is Eligible to Request Assistance?

Applicants must be a United Power customer for the past 90 days or longer.

How Do I Apply for Assistance?

Anyone with a specific funding need can make application to the Round-Up Foundation Board. There are two different applications—one for families or individuals, and a second for organizations. Additional forms are available by calling United Power at 303-637-1331 or online at www.unitedpower.com.

What Information Should I Include With My Application?

In addition to filling out the form COMPLETELY, here are items to consider when completing the application:

- Make a specific request, telling the board exactly how much money you are requesting, and carefully explain how you intend to use the funds.
- If the funds are being requested to purchase a new item or for a repair, please include two or three estimates for the item or work. We require that at least one estimate be from a vendor or supplier in the United Power service territory if at all possible.
- If you are requesting funds to pay a particular bill, include copies of your statement, and/or any other correspondence regarding your account.
- List other sources of funding or assistance that are available to you; outline which sources you are pursuing, the amounts requested, and state any amounts already awarded.
- Any additional information you can supply in the form of a letter is extremely helpful to the board in making decisions regarding these requests.

When is the Deadline for Application Submissions?

Applications must be received by the **25th** of the month to be on the following month's agenda. Applications received between the first and 25th of the month will be placed on the following month's agenda.

Is There a Limit to the Amount I Can Request?

Yes, there is a limit to the amount of money that will be awarded to any family, individual or organization. Limits are set by the board and may change. If you have questions about these limitations, contact United Power at 303-637-1331.

Where Do I Mail My Completed Application Packet?

Completed Applications should be returned to:

United Power
Operation Round-Up Foundation
PO BOX 929
Brighton, CO 80601

How Quickly Will the Board Respond to My Request?

Operation Round-Up is not an emergency assistance organization; if you have emergency needs you should contact your local social services agencies. There is no way to estimate how long it will take to process your application, but we will contact you when any decision is made regarding the request. We ask that any inquiries about your request be sent in writing. Due to the volunteer nature of our board we are unable to handle inquiries about application status via telephone or in person. However, if you need assistance completing the application, or have any other questions about the application process, don't hesitate to call United Power at 303-637-1331. Your call will usually be returned within a week.

Operation Round-Up Application

Individual or Family

United Power Operation Round-Up Foundation
 P.O. Box 929 ■ Brighton, Colorado 80601

Please Specify Needs:

- Family
 Medical
 Other: _____



Please complete all information. Incomplete applications will not be considered.

Personal Information

Your Name : _____ Age _____

Spouse: _____ Age _____

Address: _____

Work Phone: _____ Home Phone: _____

List names and ages of children or other dependents in your home:

Have you ever received assistance from Operation Round-Up in the past? YES NO If yes, please explain:

Donation Request

\$ _____ Amount Requested (you must include a total amount)

Donation to be used for (show each amount and to whom it will be paid): _____

Are you receiving any other assistance or aid, i.e. food stamps, AFDC, Social Security? YES NO

If yes, please specify benefit amounts: _____

Present Employment Information

Job #1: Who is employed at this position? _____ Job #2: Who is employed at this position? _____

Company Name: _____ Company Name: _____

Company Address: _____ Company Address: _____

Supervisor Name: _____ Phone : _____ Supervisor Name: _____ Phone : _____

Income

Salary (Net) \$ _____ Bonus Dividends & Interest
 Tips Real Estate
 Commissions \$ _____ Farm \$ _____

Other Income (please specify; i.e. if you should be receiving child support, but are not, please explain)

Alimony \$ _____ Child Support \$ _____ Other \$ _____

References

List three references. Provide at least two who are not relatives - include all information.

Name	Address	Phone	Relationship

Statement of Financial Conditions

Assets—What you own (include cars, furniture, homes, etc.)

Cash:	Banking Institution	Address	\$Amount
Savings:	Banking Institution	Address	\$Amount
Real Estate (Home):	Ownership	Address	\$Amount
Personal Property: <i>State Type: personal property, loan receivable, auto, life insurance cash value, other assets. Include description, account number, etc.</i>	Year	Type	\$Amount
	Year	Type	\$Amount
	Year	Type	\$Amount
	Year	Type	\$Amount
Total Assets			\$

Liabilities—What you owe (include regular payments for rent, credit cards, etc.)

Bills Owed: <i>Include mortgage or rent, utility payments (electric, gas, trash, water, phone), vehicle payments, credit card payments, personal loans, child support owed, tax liens, garnishments, etc.</i>	Landlord/Lender Name	Address	Monthly Payment	\$Balance
	Lender Name	Address	Monthly Payment	\$Balance
	Lender Name	Address	Monthly Payment	\$Balance
	Lender Name	Address	Monthly Payment	\$Balance
Other Debts: <i>Use additional sheets if necessary.</i>	Name	Address	Monthly Payment	\$Balance
	Name	Address	Monthly Payment	\$Balance
	Name	Address	Monthly Payment	\$Balance
	Name	Address	Monthly Payment	\$Balance
Total Liabilities				\$

\$ _____ **Estimate of Monthly Expenses**

Include actual payments, food, and other costs.

The information contained in this statement is for the purpose of obtaining funding from United Power's Operation Round-Up Foundation, Inc., 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 United Power Round-Up Foundation, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The United Power Operation Round-Up Foundation, Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant/Recipient: _____ **Date:** _____

Signature of Spouse: _____ **Date:** _____

The following information is voluntary. It will not affect any decisions regarding this application.

I WILL WILL NOT allow my/my organization's photo and/or name to appear in United Power publications to promote Operation Round-Up.

Authorization for Credit Information Release

Applicant Name : _____

Co-Applicant Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

Applicant Date of Birth: _____ Social Security Number: _____

Co-Applicant Date of Birth: _____ Social Security Number: _____

I hereby authorize the release of my (our) credit information to the United Power Round-Up Foundation, for the purpose of verifying my (our) application. A photocopy of my (our) authorization may be used for obtaining credit information.



Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant: _____ **Date:** _____