

# IEC FOUNDATION, INC.

P.O. Box 49

CLEVELAND, OK 74020

(918) 295-9556

## OPERATION ROUND-UP® GRANT APPLICATION FOR INDIVIDUAL AND/OR FAMILY

Date: \_\_\_\_\_ IEC account number is required: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Last First Middle Birthday(MM/DD/YYYY)

### 2. Other people living with you:

	Last Name	First Name	Relationship	Birthday(MM/DD/YYYY)
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

### 4. Street and mailing address for the past five (5) years (Use page 8 if necessary):

Current Address City State Zip

Prior Address *if less than 5 years* City State Zip

Prior Address *if less than 5 years* City State Zip

Driving directions to your home: \_\_\_\_\_

**REQUIRED: PHOTO ID ATTACHED. INCOMPLETE APPLICATION NOT ACCEPTED**

Revised: February 2022

5. Are you employed? \_\_\_\_\_

Are you disabled and receiving benefits? \_\_\_\_\_

Is 2a employed? \_\_\_\_\_ Is 2a disabled and receiving benefits? \_\_\_\_\_

Employment company name, phone number, supervisor and last year employed

(1) \_\_\_\_\_

(2a) \_\_\_\_\_

(2b) \_\_\_\_\_

(2c) \_\_\_\_\_

(2d) \_\_\_\_\_

(2e) \_\_\_\_\_

(use back page for explanation regarding (1)-(2e) if necessary)

**6. What do you need? (Include amount. Provide bill or payment statement. Note the IEC Foundation cannot assist you with utility bills.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use page 8 if necessary)

# ASSETS

## Cash

_____	\$ _____
Banking institution and phone number	Amount
_____	\$ _____
Banking institution and phone number	Amount

## Real Estate (house, mobile)

_____	\$ _____
Partial or wholly owned	Market value
_____	\$ _____
Partial or wholly owned	Market value

## Vehicles (make, model and year)

_____	\$ _____
Vehicle	Market value
_____	\$ _____
Vehicle	Market value

## Securities and receivables by type

Head rights, royalties, dividends, interest, certificates of deposit, bonds, 401(k) retirement plans, pensions, life insurance, rental property, loan receivable, other.

_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value

▪ **TOTAL ASSETS** (total of all values above) \$ \_\_\_\_\_

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## LIABILITIES

### Vehicle and other loans and credit cards payable

_____	\$ _____
Vehicle Lender's name address and phone	Balance
_____	\$ _____
Vehicle Lender's name address and phone	Balance
_____	\$ _____
Lender's Name, address and phone	Amount
_____	\$ _____
Lender's Name, address and phone	Amount

### Landlord or mortgagor (must be provided)

_____	\$ _____
Landlord name	Amount (rent monthly)
_____	_____
Landlord remittance address	Landlord phone number
_____	\$ _____
Mortgagor's name	Amount (mortgage monthly)
_____	_____
Mortgage account number	
_____	_____
Mortgagor's remittance address	Mortgagor's phone number

### Other debts (court costs, taxes, other)

_____	\$ _____
Type	Amount
_____	\$ _____
Type	Amount
_____	\$ _____
Type	Amount

- **TOTAL LIABILITIES** (add all listed) \$ \_\_\_\_\_
- **NET WORTH** (assets page 3 minus liabilities) \$ \_\_\_\_\_

❖ **MONTHLY OUT-OF-POCKET EXPENSES**

amount monthly

**Housing** Mortgage\_\_\_ Rent\_\_\_ \$ \_\_\_\_\_

**Food benefits** (SNAP/WIC/Tribal, monthly) \$ \_\_\_\_\_

**Food** (additional out-of-pocket food costs) \$ \_\_\_\_\_

**Utilities** Electricity .....\$ \_\_\_\_\_

Gas .....\$ \_\_\_\_\_

Water.....\$ \_\_\_\_\_

Internet, cable & satellite TV .....\$ \_\_\_\_\_

Cell phones.....\$ \_\_\_\_\_

Land line telephones .....\$ \_\_\_\_\_

**Transportation** Car/truck payment.....\$ \_\_\_\_\_

Gasoline .....\$ \_\_\_\_\_

**Insurance** Car/truck .....\$ \_\_\_\_\_

Home.....\$ \_\_\_\_\_

Medical .....\$ \_\_\_\_\_

Life.....\$ \_\_\_\_\_

**Medical** Doctors.....\$ \_\_\_\_\_

Hospital.....\$ \_\_\_\_\_

Prescriptions.....\$ \_\_\_\_\_

**Child support payments/expense**.....\$ \_\_\_\_\_

**Charge accounts by company name:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Loans by company name:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Other expenses by type:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

▪ **TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

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❖ SOURCES AND AMOUNTS OF MONTHLY INCOME

**Income Received (List employment and disability income here)**

1. Applicant monthly, weekly or bi-weekly: \$ \_\_\_\_\_

2a. Person 2 monthly, weekly or bi-weekly: \$ \_\_\_\_\_

2b. Person 3 monthly, weekly or bi-weekly: \$ \_\_\_\_\_

2c. Person 4 monthly, weekly or bi-weekly: \$ \_\_\_\_\_

2d. Person 5 monthly, weekly or bi-weekly: \$ \_\_\_\_\_

2e. Person 6 monthly, weekly or bi-weekly: \$ \_\_\_\_\_

▪ **TOTAL HOUSEHOLD INCOME** \$ \_\_\_\_\_

**Other Income**

Head rights .....\$ \_\_\_\_\_

Royalties, dividends and interest .....\$ \_\_\_\_\_

Child support.....\$ \_\_\_\_\_

Foster child income.....\$ \_\_\_\_\_

Adoption income.....\$ \_\_\_\_\_

Alimony .....\$ \_\_\_\_\_

Death benefits .....\$ \_\_\_\_\_

Real estate income, rental income .....\$ \_\_\_\_\_

Farm income .....\$ \_\_\_\_\_

Other income.....\$ \_\_\_\_\_

▪ **TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

▪ **SPENDABLE MONTHLY INCOME**  
(Subtract monthly expenses page 5  
from total monthly income page 6) = \$ \_\_\_\_\_

**Please list three local references who are not related to you to be contacted to discuss your application for assistance. Do not list counselors (For example: *DHS or other assistance program case manager, clergy or teachers*).**

1.

Name	Relationship/How Known	Phone
Address	City	State
		Zip Code

2.

Name	Relationship/How Known	Phone
Address	City	State
		Zip Code

3.

Name	Relationship/How Known	Phone
Address	City	State
		Zip Code

The information contained in this statement is for the purpose of obtaining funding from the IEC Foundation on behalf of the undersigned. Each undersigned understands 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 IEC Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The applicant and his or her spouse, if applicable, hereby authorizes the IEC Foundation to make all inquiries it deems necessary to verify the accuracy of the statements made herein and all other statements contained in such other information as the IEC Foundation may obtain in its review of this application.

*If you receive a grant from the Operation Round-Up® program your Indian Electric Cooperative account will be activated to round up your monthly electric bill to the next dollar. These pennies will be contributed to the IEC Foundation, Inc., Operation Round-Up® grant program. Your contribution is tax deductible. Thank you.*

**Incomplete application not accepted.**

**REQUIRED:** Proof of all forms of income to be provided to Trustee at interview.

X \_\_\_\_\_  
Signature of applicant

X \_\_\_\_\_  
Signature of spouse, partner, common law or significant other living with applicant

X \_\_\_\_\_  
Date

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