

Comanche Electric Cooperative

“Neighbor Helping Neighbor”



P.O Box 729
Comanche, Texas 76442
325-356-2533
1-800-915-2533

GRANT APPLICATION FOR INDIVIDUAL/FAMILY

Eligibility Requirements

Applicants must have a verifiable emergency that has created additional, unmanageable expenses. Examples of approved emergency situations include, but are not limited to: unexpected medical, funeral, home or auto repair expenses. Sudden reduction of income due to loss of a job or illness is also an approved emergency. This emergency shall have occurred within the last 90 days. **Chronic failure to pay bills does not qualify as an emergency.**

All applicants must show proof of identity of all household members, residence, and verification of their emergency situation prior to the application being reviewed.

1. Name of Applicant: _____

2. Address: _____
Street or Post Office Box City State Zip

3. Home Phone: _____ Work or Mobile Phone: _____

4. Acct. No. _____ *Does this account serve your permanent residence?* _____

5. Members of Household:

Name of Applicant: _____ Age: _____

Name of Spouse: _____ Age: _____

Others Living at Address Above:

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

6. Employer of Applicant: _____

Phone: _____ Name of Manager or Supervisor: _____

7. Employer of Spouse: _____

Phone: _____ Name of Manager or Supervisor: _____

8. Are any other member in household employed: ___ Yes ___ No

If yes, please list employer, phone and supervisor:

9. Explain your emergency situation and provide verification:

10. Have you previously received funding from Operation Roundup? _____

11. Name and phone number of three individuals or organizations familiar with your situation:

12. Amount applied for: _____

The information contained in this application is for the purpose of obtaining funding from Comanche Electric Cooperative Trust, Operation Round-Up, on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding grant funding and the undersigned grants and warrants that the information provided is true and complete and that the Comanche Electric Cooperative Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Comanche Electric Cooperative Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Account Holder Date

Signature of Spouse Date

Directors:	Genia Johnson Comanche County <i>President</i>	Marza Adams Shackelford County <i>Secretary</i>	Lewis Locker Brown County
	Kirk Knight Stephens County <i>Vice President</i>	Bud West Mills County <i>Treasurer</i>	