



OCEC Operation Round Up Program
PO Box 1135
Alto, NM 88312-1135



APPLICATION FOR DONATION FOR INDIVIDUAL and/or FAMILY

1. Name: _____ OCEC Account # _____

2. Other Members in Household:
 Name Relationship to Applicant

a. _____

b. _____

c. _____

d. _____

e. _____

3. Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

4. Phone Number

Home: _____ Cell: _____ Work: _____

5. Email Address: _____

6. Employer of Applicants

(a) _____
 Place of Employment Supervisor

_____ Phone Number How long employed?

(b) _____
 Place of Employment Supervisor

_____ Phone Number How long employed?

(c) _____
 Place of Employment Supervisor

_____ Phone Number How long employed?

(d) _____
 Place of Employment Supervisor

_____ Phone Number How long employed?

7. Reason for Request for Donation: (Please include amount requested and specific use of funds. Funds cannot be used for individual mortgage payments, rent payments or to pay electric bill.)

8. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? YES _____ NO _____ Please explain.

9. Monthly Expenses		Amount
Housing	Mortgage _____ Rent _____	\$ _____
Food		\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
Transportation	Automobile Payments	\$ _____
	Gasoline	\$ _____
	Telephone	\$ _____
Insurance	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____

Charge Accounts (Please Specify)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Monthly Expenses (continued)

Loans (Please Specify)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Taxes (Please Specify)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Expenses (Please Specify)

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL MONTHLY EXPENSES

\$ _____

10. Referral Letter: Please attach a referral letter from any social service agency, such as the Department of Human Services or a medical facility.

The information contained in this statement is for the purpose of obtaining funding from the OCEC Operation Round Up Program on behalf of the undersigned. Each signing applicant 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 the OCEC Operation Round Up Program may consider this statement as continuing to be true and correct until a written notice of a change is provided. The OCEC Operation Round Up Program is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant/Recipient

Signature of Spouse

Date

Referral Letter Included