



**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

\_\_\_\_\_ How long employed?

(b) \_\_\_\_\_  
 Place of Employment Supervisor

\_\_\_\_\_ How long employed?

(c) \_\_\_\_\_  
 Place of Employment Supervisor

\_\_\_\_\_ How long employed?

(d) \_\_\_\_\_  
 Place of Employment Supervisor

\_\_\_\_\_ 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.)

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

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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