SLEMCO ELECTRIC FOUNDATION
Attn: Utility Assistance Application

P O BOX 90866 – LAFAYETTE LA 70509 – 337-886-3367 Fax 337-735-4899 or email
chasity.ledet@slemco.com

CHECK WHICH LIFE EVENT APPLIES (PROOF OF EVENT MUST BE SUPPLIED)

LOSS OF EMPLOYMENT OR HOURS (Separation notice from employer required) ☐

DEATH OF SPOUSE ☐

MEDICAL EMERGENCY (Results in loss of hours and or major medical expense) ☐

UNEXPECTED EXPENSE (There are income requirements for this life event and expense must be greater than $500) ☐

APPLICANT INFORMATION

LAST NAME FIRST NAME SLEMCO ACCOUNT NUMBER

PHYSICAL ADDRESS PHONE NUMBER SOCIAL SECURITY #

INFORMATION REGARDING APPLICANT (Proof of income must be supplied i.e. Paystub, Social Security ck or unemployment forms)

PRESENT EMPLOYER DATE EMPLOYED MONTHLY TAKE HOME

Have you received an Operation Round up grant from SLEMCO in the past? _____ (Y/N)

*****PLEASE NOTE: CUSTOMERS THAT RECEIVE REGULAR UTILITY ASSISTANCE DO NOT QUALIFY FOR THIS GRANT**

OTHER MEMBERS OF HOUSEHOLD (IF MORE SPACE IS NEEDED, USE ADDITIONAL SHEETS)

FIRST	M	LAST	RELATIONSHIP	AGE	LIST INCOME FROM ALL SOURCES

LIST ALL EXISTING DEBTS AND EXPENSES OF APPLICANT (INCLUDING SPOUSE)

Mortgage or rent		Food	
Automobile Note		Electricity	
Automobile Insurance		Gas	
Credit Cards		Water	
Loans		Telephone	

Disclaimer and Signature

The information contained in this statement is for the purpose of obtaining funding from the SLEMCO Electric Foundation for the benefit of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding, and individually represents and warrants that the information provided is true and complete and that the SLEMCO Electric Foundation may consider this statement as continuing to be true and correct until a written notice of change is provided. The SLEMCO Electric Foundation is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. All information will be kept in the strictest confidence and will be used for the purposes intended.

SIGNATURE OF APPLICANT/GUARDIAN **DATE**

You can mail, fax, or email this form along with the required documents.

FOR OFFICE USE ONLY

Date received in office:	**Signature:**

Required Documents Received

☐Picture ID

☐Copy of two most recent bank statements

☐Proof of life event

☐Proof of income