

**BRIDGER VALLEY ELECTRIC ROUND-UP FOUNDATION®**

P.O. BOX 399  
MOUNTAIN VIEW, WY 82939  
307-786-2800

**APPLICATION FOR INDIVIDUAL OR FAMILY**

PLEASE PRINT:

APPLICANT NAME: \_\_\_\_\_  
FIRST LAST

ADDRESS: \_\_\_\_\_

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

CITY STATE ZIP

**HOUSEHOLD:** *(PLEASE INCLUDE APPLICANT AND ALL MEMBERS LIVING IN THE HOME)***PLEASE WRITE ON THE BACK FOR ADDITIONAL MEMBERS**

NAME	AGE	RELATIONSHIP	EMPLOYED (CIRCLE ONE)	EMPLOYER	PHONE#
			YES NO		
			YES NO		
			YES NO		
			YES NO		

**ARE YOU A CUSTOMER OF BRIDGER VALLEY ELECTRIC ASSOCIATION:** YES  
NO

**ARE YOU PARTICIPATING IN OUR OPERATION ROUND-UP PROGRAM:** YES  
NO

**HAVE YOU REQUESTED ASSISTANCE FROM OPERATION ROUND-UP PREVIOUSLY?** YES  
NO

IF YES, WHEN? \_\_\_\_\_

**ARE YOU OR ANY HOUSEHOLD MEMBER CURRENTLY RECEIVING ANY OTHER FORM OF ASSISTANCE OR FINANCIAL AID?**

YES

NO

**IF YES, PLEASE LIST ASSISTANCE TYPE AND AMOUNT:**


**PURPOSE OF REQUEST: PLEASE BE SPECIFIC**


**PLEASE INDICATE ANY SPECIAL CIRCUMSTANCES OR CONDITIONS THAT YOU FEEL THE BOARD MEMBERS SHOULD BE AWARE OF TO HELP THEM DETERMINE YOUR ELIGIBILITY FOR ASSISTANCE:**

[illegible]

**THREE (3) REFERENCES:** *(PLEASE DO NOT INCLUDE A DIRECTOR OR EMPLOYEE OF BRIDGER VALLEY ELECTRIC ASSOCIATION)*

NAME	CITY, STATE	PHONE #

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

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APPLICANT SIGNATURE

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SPOUSE SIGNATURE (IF APPLICABLE)

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DATE

**MONTHLY EXPENSES:** *(AVERAGE MONTHLY PAYMENT AMOUNTS)*

HOUSING	MORTGAGE	\$
	RENT	\$
FOOD		\$
UTILITIES	ELECTRIC	\$
	GAS	\$
	WATER	\$
	CELL/HOME PHONE	\$
	INTERNET	\$
TRANSPORTATION	GASOLINE	\$
INSURANCE	MEDICAL/DENTAL	\$
	LIFE	\$
	AUTO	\$
	HOMEOWNERS	\$
MEDICAL	DOCTOR	\$
	HOSPITAL	\$
	PERSCRIPTIONS	\$
CREDIT ACCOUNTS	CARD #1	\$
	CARD #2	\$
	CARD #3	\$
	CARD #4	\$
LOANS	AUTO	\$
	RECREATIONAL	\$
	OTHER _____	\$
OTHER (ANY EXPENSES NOT LISTED, PLEASE BE SPECIFIC)		\$
		\$

**TOTAL MONTHLY EXPENSES:**

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

**MONTHLY INCOME:** *(CALCULATE AVERAGE MONTHLY INCOME)*

		APPLICANT	TOTAL HOUSEHOLD
SALARY	WAGES	\$	\$
	BONUS, TIPS, COMMISSIONS	\$	\$
DISABILITY		\$	\$
SOCIAL SECURITY		\$	\$
CHILD SUPPORT		\$	\$
OTHER: DIVIDENDS, INTEREST, REAL ESTATE, FARM, WELFARE, ANY OTHER SOURCES OF INCOME, ECT.		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_