

APPLICATION FOR AID FROM THE **MEMBERS SHARING WITH MEMBERS PROGRAM**

The aim of the Members Sharing with Members Program is to provide financial assistance to Cooperative Members who are experiencing an unexpected loss of income, illness, family emergency, or other difficulties which limit their ability to pay their electric bill.

Applicants must meet the following requirements to be eligible for assistance:

- 1. Must have recently experienced a loss of income, illness, family emergency, or other problems which limit their ability to pay their electric bill.**
- 2. Must have made three (3) payments on their account, themselves, in the past six (6) months prior to their application for assistance.**
- 3. Must have been a member of the Cooperative with continuous service for at least twelve (12) months.**
- 4. In the past two (2) years, has not stolen electric service from the Cooperative or tampered with a meter.**

Name: _____

Date: _____

Address: _____

Members Living in the Household:

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REA Account Number: _____

Phone Number: _____

Date of onset of condition making
it difficult to pay bill:

____/____/____

Circumstance for requesting assistance from REA (please be specific): _____

Signature