

APPLICATION FOR AID FROM THE MATCH ASSISTANCE PROGRAM

The aim of the Match Assistance 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 been a member of the Cooperative with continuous service for at least twelve (12) months.**
3. **Must have made three (3) payments on their account, themselves, in the past six (6) months prior to their application for assistance.**
4. **Must be able to receive, or has already received, assistance from a recognized third-party agency.**
5. **A completed, signed application for Match Assistance Aid must be received in our office.**
6. **All money matched must be received in our office or verified by outside agencies prior to REA funds being credited to an account.**
7. **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: _____

REA Account Number: _____

Phone Number: _____

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

____/____/____

Are you currently receiving unemployment benefits or have you recently (within the last six (6) months) exhausted unemployment benefits? ☐ yes ☐ no

Have you received funds from or contacted any assistance agencies within the last twelve (12) months, such as churches or county agencies, to see if you qualify for any of their programs? ☐ yes ☐ no

If yes, please list the name of the agency & date of contact or receipt of funds:

Name of Agency _____ Date _____

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

Signature _____