

BERKELEY ELECTRIC TRUST

P.O. Box 1234
Moncks Corner, SC 29461-1234
(843) 761-8200
(Revised: April 2021)

**** YOU MUST HAVE AN ACTIVE ACCOUNT IN YOUR NAME TO APPLY FOR ASSISTANCE ****

ACCOUNT NUMBER _____

ALL BLANKS must be filled out with your most current and accurate information, it must be signed and the following items need to be attached to your application or IT WILL BE RETURNED TO YOU TO COMPLETE.

- You must list **ALL** household members income, salary (ALIMONY, CHILD SUPPORT, AFDC, SSI, FOOD STAMPS, and **ALL** OTHER SOURCES OF INCOME) **ATTACH COPIES TO CONFIRM THE INCOME**
- For **HOME REPAIRS** it is required to **ATTACH** the following:
 - A) **TWO (2) SEPARATE BIDS FROM CONTRACTORS** – Describing the work they will be doing in detail and material costs with the contractor’s name and phone number.
 - B) **PHOTOS OF THE ITEMS NEEDING REPAIR** – for example, if roofing repairs are needed, provide photos of the damage on the roof.
- For **HEATING/AIR** requests you must submit **TWO (2) BIDS FROM LICENSED HEATING/AIR CONTRACTORS.**

The Maximum Amount the Trust can approve in a one year’s time is \$5,000. If **ALL** of your bids exceed the maximum amount you will be responsible for acquiring additional funding of the difference **BEFORE** any work is started.

I have read and understand the above statement

- **ATTACH PROOF OF OWNERSHIP OF HOUSE AND LAND.** (Ex: COPY of your tax bill or paid receipt or a COPY of your title.) If the Land/Home is heir’s property, you will have to get a letter signed by the person in charge of the property, as listed on the tax books, giving you permission to live there for five years or longer. It will also have to have a notary’s signature and seal.

IF YOUR APPLICATION IS APPROVED you will be required to submit the following paperwork before any work is started:

- **A BUILDING PERMIT** (COUNTY OR TOWN) may be **REQUIRED** for roof repairs, electrical work, or any structural changes made to the home (floor joists, fascia boards, etc.). Please check with the representative assigned to your application to see if you will need one. **YOU WILL BE RESPONSIBLE FOR OBTAINING THIS PERMIT** from the County or Town where you reside, and **SUBMITTING A COPY TO BERKELEY ELECTRIC TRUST PRIOR TO ANY WORK BEGINNING.**
- **A DHEC PERMIT IS REQUIRED** for installation/**ANY** work done to a well or septic system.

Additional application information:

- Applications are due by the **25th** of each month to be considered the **following** month. For example, if received on January 25th or before, it will be reviewed at the February meeting. ***If the application is received January 26th or after, it will be held and reviewed at the March board meeting.***
- The Trust Board meets on the third Thursday of each month.
- The applicant must provide two (2) separate bids from contractors.
- **The bids must be CURRENT. Bids OLDER than 90 days** from the date the application is turned in will not be accepted.

** If you have additional questions, please call Berkeley Electric Coop. at 843-761-8200**

MONTHLY EXPENSES

AMOUNTS

HOUSING..... Mortgage _____ Rent _____ \$ _____

FOOD..... \$ _____

UTILITIES..... Electricity..... \$ _____

Propane..... \$ _____

Telephone..... \$ _____

TRANSPORTATION..... Automobile Payments..... \$ _____

Gasoline..... \$ _____

INSURANCE..... (MONTHLY)... Medical..... \$ _____

Life..... \$ _____

Automobile..... \$ _____

MEDICAL..... (MONTHLY)... Doctors..... \$ _____

Hospital..... \$ _____

Medication..... \$ _____

CHARGE ACCOUNTS (Specify)... _____ \$ _____

_____ \$ _____

_____ \$ _____

LOANS: (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TAXES: (Specify) _____ \$ _____

_____ \$ _____

OTHER EXPENSES: (Specify) _____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES

\$ _____

SOURCE OF MONTHLY INCOME

AMOUNTS

SSI _____ \$ _____

DISABILITY _____ \$ _____

SALARY _____ \$ _____

BONUS, TIPS, & COMMISSIONS _____ \$ _____

REAL ESTATE/FARM INCOME _____ \$ _____

OTHER: (Please state alimony, child support, AFDC, SSI, other) _____ \$ _____

_____ \$ _____

TYPE _____ \$ _____

_____ \$ _____

TYPE _____ \$ _____

FOOD STAMPS _____ \$ _____

TOTAL SOURCES OF MONTHLY INCOME

\$ _____

7. PLEASE LIST THREE PERSONAL REFERENCES.

(May NOT be a director or employee of Berkeley Electric Cooperative or the Berkeley Electric Trust.)

NAME PHONE

NAME PHONE

NAME PHONE

HOLD HARMLESS INDEMNIFICATION

APPLICANT DOES HEREBY AGREE TO DEFEND AND HOLD HARMLESS BERKELEY ELECTRIC TRUST INC.; ITS EMPLOYEES, AND ITS BOARD MEMBERS FROM ANY AND ALL LIABILITY REGARDING ANY CONSTRUCTION, IMPROVEMENTS, AND/OR REPAIRS TO APPLICANTS PROPERTY AS A RESULT OF ANY ACTIONS PERFORMED BY A CONTRACTOR UTILIZED BY THE APPLICANT.

8. HAVE YOU EVER RECEIVED OPERATION ROUND-UP FUNDS FROM BERKELEY ELECTRIC TRUST? _____ YES _____ NO

The information contained in this statement is for the purpose of obtaining funding from the Berkeley Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding the grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Berkeley Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. THE BERKELEY ELECTRIC TRUST IS AUTHORIZED TO MAKE ALL INQUIRIES THEY DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN.

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE (IF MARRIED)

DATE

