

# **SYEMC Members Round Up Fund, Inc.**

## **(HOUSE FIRE APPLICATION)**

### **CONTACT INFO**

**Address:** PO Box 305, Dobson, NC 27017

**Telephone Number:** 336-356-8241 or 1-800-682-5903

**Fax Number:** 336-356-9744

**Email Questions or Comments to:** [AdamMartin@syemc.com](mailto:AdamMartin@syemc.com),  
[RhondaHill@syemc.com](mailto:RhondaHill@syemc.com) or  
[JimRobertson@syemc.com](mailto:JimRobertson@syemc.com)

### **Funding Criteria**

Funds donated by the members of Surry-Yadkin EMC shall be disbursed by the SYEMC Members Round Up Fund Inc., Board of Directors to individuals who have had a house fire.

**Applicants must have resided in the home at the time of the fire.**

### **Privacy Policy**

The information obtained in this application is solely for the purpose of determining qualification for assistance from the SYEMC Members Round Up Fund, Inc., and will be kept in strictest confidence.

The person signing this application warrants that the information provided is true and complete. SYEMC Members Round Up Fund Inc. is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. Any deliberate falsehoods detected will be strong grounds to deny the assistance application.

To ensure confidentiality, decisions made by the SYEMC Members Round Up Fund, Inc., Board of Directors will NOT be discussed with anyone. Whether a request for funds is denied or granted, reasons for Board decisions will NOT be given to anyone, including the applicant.

### **Submitting a Grant Request**

Grant applications are to be completed and returned to the Member Services Department at Surry-Yadkin EMC in Dobson or mailed to:

**SYEMC Members Round Up Fund, Inc.**  
**Attention: Adam Martin or Rhonda Hill**  
**PO Box 305**  
**Dobson, NC 27017**

**Incomplete Applications will NOT be reviewed!!!**  
**It is imperative that ALL information requested be supplied on the application along with supporting documents.**

Name of Applicant: \_\_\_\_\_

Age: \_\_\_\_\_ County in which you reside: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate (Cell #): \_\_\_\_\_

Employer of Applicant: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Work Number: \_\_\_\_\_

List ALL other people living with applicant (use back of page if necessary)

Name	Relationship	Age	SS#	Employment
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____

Date of House Fire: \_\_\_\_\_ Was the fire considered a total loss? \_\_\_\_\_

Location You Currently Reside At: \_\_\_\_\_

Total Number of Individuals Living In Home at the Time of Fire: \_\_\_\_\_

Did you have homeowners or renters insurance at the time of the fire? \_\_\_\_\_

Have you received any financial assistance from area non-profits, churches or family since the fire occurred? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain what type of help you have received:

\_\_\_\_\_

\_\_\_\_\_

