

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

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 or individuals who are suffering from a catastrophic illness.

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:

