

# APPLICATION - JNEC SHARE ASSISTANCE

## OFFICE USE ONLY

**Date of Application:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

(Applicant must be a member of JNEC – Print Name)

**Applicant Signature:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

(If different from applicant)

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

\_\_\_\_\_

District No: \_\_\_\_\_

Last Share: \_\_\_\_\_

1: \_\_\_\_\_ 2: \_\_\_\_\_

3: \_\_\_\_\_ 4: \_\_\_\_\_

5: \_\_\_\_\_ 6: \_\_\_\_\_

7: \_\_\_\_\_ 8: \_\_\_\_\_

9: \_\_\_\_\_

**Account No:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

(As shown on electric bill)

Directions to your home from nearest town or highway:

(Include Farm Road or County Road where applicable)

\_\_\_\_\_

\_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

(Must be 62 or older)

**Number of persons living here:** \_\_\_\_\_ **Total Monthly Family Income:** \_\_\_\_\_

**Please briefly explain below why you need assistance:**