LUMBEE RIVER ELECTRIC MEMBERSHIP CORPORATION
EMPLOYEE' ASSOCIATION
HEADQUARTERS: P.O. BOX 830, RED SPRINGS, NC 28377

"2018 CHRISTMAS CARE APPLICATION"
Application Deadline: November 9th 2018
Return to any Lumbee River EMC Office

Please complete entire application. Application may be rejected if all questions are not answered. Individual applying for assistance must be an ACTIVE account holder with Lumbee River EMC. *

Did you receive assistance from this program last year? ☐ Yes ☐ No

Name: _____ Date: _____

Service Address: _____
Address City, State, Zip

Mailing Address: _____
Address City, State, Zip

Telephone Number: _____ LREMC Account # _____

*******PLEASE COMPLETE ALL INFORMATION FOR EACH MEMBER OF YOUR HOUSEHOLD********

NAMES: (PARENTS/HEAD OF HOUSEHOLD), **CHILDREN 11 YRS AND OLDER)**	RELATIONSHIP	AGE	MONTHLY INCOME & SOURCE

NAME (**CHIIDREN 10 YRS AND YOUNGER**)	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	BOY / GIRL

If additional space is needed, please continue on back of application

Are you receiving assistance from any agency? If yes, what agency? _____

Employment Information: _____
Employer Name Address City, State, Zip Telephone #

Please list circumstances of your hardship: _____

_____

Please give the name and telephone number of two personal references.

_____ _____

Do you know a LREMC employee or board of director of LREMC? If yes, please list their name below.

_____ _____