

LUMBEE RIVER ELECTRIC MEMBERSHIP CORPORATION  
 EMPLOYEES' ASSOCIATION  
 P.O. BOX 4210, PEMBROKE, NC 28372

**“2024 CHRISTMAS CARE APPLICATION”**  
**Application Deadline: November 4, 2024**  
**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.\*\*\*

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. & OLDER)	RELATIONSHIP	AGE	MONTHLY INCOME & SOURCE

NAME (CHILDREN 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.

\_\_\_\_\_