

Address

(2c) _____
Company/Individual

Address

6. Reason for request for donation (**include amount requested and detailed listing of specific items that will be purchased or a detailed description of specific use of funds**):

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc) ?

Yes _____ No _____

If yes, please list: (County, State, Federal, Private, etc.)

7a. Where have you applied for assistance in the past year?

8. Statement of Financial Condition as of _____, 20_____

ASSETS

AMOUNTS

Cash	_____	\$ _____
Institution		
		\$ _____
Institution		
		\$ _____
Institution		
Real Estate	_____	\$ _____
Partial/Wholly Owned	County	Market Value
		\$ _____
Partial/Wholly Owned	County	Market Value
		\$ _____
Partial/Wholly Owned	County	Market Value
Other	_____	\$ _____
Description		Value
		\$ _____
Description		Value
		\$ _____
Description		Value
		\$ _____
Description		Value
TOTAL ASSETS		\$ _____

LIABILITIES

AMOUNTS

Notes Payable _____ \$ _____

Lender's Name

_____ \$ _____

Lender's Address

_____ \$ _____

Lender's Name

_____ \$ _____

Lender's Address

_____ \$ _____

Lender's Name

_____ \$ _____

Lender's Address

Mortgage _____ \$ _____

Mortgagor's Name

_____ \$ _____
Mortgagor's Address

_____ \$ _____

Mortgagor's Name

_____ \$ _____
Mortgagor's Address

_____ \$ _____

Mortgagor's Name

_____ \$ _____
Mortgagor's Address

Other Debt (State type: taxes, bills outstanding, other) Add attachment if additional space is needed.

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

TOTAL LIABILITIES

\$ _____

MONTHLY EXPENSES AMOUNT

Housing Mortgage _____ or Rent _____ \$ _____

Food \$ _____

Utilities Electric \$ _____

Gas \$ _____

Telephone \$ _____

Others \$ _____

Transportation Automobile Payments \$ _____

Gasoline \$ _____

Insurance Medical \$ _____

Life \$ _____

Automobile \$ _____

Medical Doctors \$ _____

Hospital \$ _____

Medication \$ _____

Charge Accounts _____ \$ _____
(Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Loans (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Taxes (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Other Expenses (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

SOURCES OF MONTHLY INCOME AMOUNT

Salary _____ \$ _____

Employer's Name

_____ \$ _____

Employer's Name

Bonus, Tips & Commission _____ \$ _____

Dividends and Interest _____ \$ _____

_____ \$ _____

Real Estate Income _____ \$ _____

_____ \$ _____

Farm Income _____ \$ _____

_____ \$ _____

Other (please state type: alimony, child support):

_____ \$ _____

type

_____ \$ _____

type

TOTAL SOURCES OF MONTHLY INCOME

\$ _____

9. Please list three (3) references (may not be a Director or Employee of Decatur County REMC or a Trustee of Decatur County REMC Community Trust, Inc.)

Name		Phone		
Address	City	State	Zip Code	
Name		Phone		
Address	City	State	Zip Code	
Name		Phone		
Address	City	State	Zip Code	

The information contained in this statement is for the purpose of obtaining funding from the Decatur County REMC Community Trust, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Decatur County REMC Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Decatur County REMC Community Trust, Inc. is authorized to make all inquires they deem necessary to verify the accuracy of the statements made herein. It is understood that all information herein will be kept in the strictest of confidence by the Decatur County REMC Community Trust, Inc. Board of Trustees.

Trustees, family members of Trustees, Directors and Employees of Decatur County REMC and members of their families shall not be eligible for disbursements of funds from this trust.

This application must be completed in full to be considered by the Board of Trustees.

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE