

Rural Electric Cooperative Foundation, Inc.

P.O. Box 609
Lindsay, Oklahoma 73052
(405) 756-3104

Application for Donation for Individual and/or Family

1. Name _____
Last First Middle Age

2. Address _____
City State Zip Code

3. Phone Number _____
Home Work

4. Other Members of Household

	Last Name	First	Middle	Relationship	Age
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____

5. Amount of Request \$ _____

Employer of those listed in Number 1 and Number 4 above

(1) _____
Name Supervisor
_____ Address Phone

(4a) _____
Name Supervisor
_____ Address Phone

(4b) _____
Name Supervisor
_____ Address Phone

(4c) _____
Name Supervisor
_____ Address Phone

(4d) _____
Name Supervisor
_____ Address Phone

(4e) _____
Name Supervisor
_____ Address Phone

6. Reason for request for donation (include amount requested and 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 _____

Statement of Financial Condition as of _____, 20 _____

Assets **Amounts**

Cash \$ _____

Banking Institution Acct. No.

Banking Institution Acct. No. \$ _____

Banking Institution Acct. No.

Banking Institution Acct. No. \$ _____

Real Estate \$ _____

Partial or Wholly Owned County

Partial or Wholly Owned County Market Value \$ _____

Partial or Wholly Owned County

Partial or Wholly Owned County Market Value \$ _____

Partial or Wholly Owned County

Partial or Wholly Owned County Market Value \$ _____

Securities \$ _____

Description Identification No.

Description Identification No. Value \$ _____

Description Identification No.

Description Identification No. Value \$ _____

Description Identification No.

Description Identification No. Value \$ _____

Other receivables (State Type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value), other assets. Include Description, account number, etc.)

Type Value \$ _____

Type Value \$ _____

Type Value \$ _____

Liabilities

Amounts

Notes Payable

_____ \$ _____
Lender's Name

_____ \$ _____
Lender's Name

_____ \$ _____
Lender's Name

_____ \$ _____
Lender's Name

_____ \$ _____
Lender's Name

_____ \$ _____
Lender's Name

Mortgage

_____ \$ _____
Mortgager's Name

_____ _____
Mortgager's Address

_____ \$ _____
Mortgager's Name

_____ _____
Mortgager's Address

Other Debts (State Type: Taxes, Bill Outstanding, Other)

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

Total Liabilities \$ _____

Monthly Expenses

Amounts

Housing	Mortgage _____	Rent _____	\$ _____
Food			\$ _____
Utilities	Electricity		\$ _____
	Gas		\$ _____
	Telephone		\$ _____
Transportation	Automobile Payments		\$ _____
	Gasoline		\$ _____
Insurance	Medical		\$ _____
	Life		\$ _____
	Automobile		\$ _____
	Home		\$ _____
Medical	Doctors		\$ _____
	Medication		\$ _____
Charge Accounts (Specify)	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
Loans (Specify)	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
Taxes (Specify)	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
Other Expenses Specify	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____

Total Monthly Expenses \$ _____

Sources of Monthly Income

Amount

Salary _____ \$ _____
Employer's Name

Bonus, Tips and Commissions _____ \$ _____

Dividends and Interest _____ \$ _____

Real Estate Income _____ \$ _____

Farm Income _____ \$ _____

Other: (Please State: Alimony, Child Support, Other)

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

Total Sources of Monthly Income \$ _____

8. Please list three references. (May not be a director or employee of Rural Electric Cooperative or Rural Electric Cooperative Foundation.)

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 Rural Electric Cooperative Foundation on behalf of the undersigned. Each undersigned understands the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants the information provided is true and complete and the Rural Electric Cooperative Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Rural Electric Cooperative Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

Signature of Applicant/Recipient

Signature of Spouse

Date