

CARROLL COUNTY REMC MULTI-COUNTY COMMUNITY TRUST, INC.

APPLICATION CHECK LIST COVER SHEET

PLEASE RETURN WITH 8 COPIES

Name: _____

Total amount of request: \$_____

Please review the following list to be sure you have given all the information needed to have the application approved.

Please do not list a Trustee of the Carroll County REMC Multi-County Community Trust, Inc. or a Director of the Carroll County REMC as a reference.

1. Are all questions answered on the application?
2. Income and expense statement.
3. A one-page summary letter.
4. Any other information which will help present a complete and accurate picture.
5. Make 8 copies.

CARROLL COUNTY REMC MULTI-COUNTY COMMUNITY TRUST, INC.

119 West Franklin Street

PO Box 298

Delphi, Indiana 46923

(765) 564-2057

**APPLICATION FOR DONATION
FOR AN INDIVIDUAL**

1. Name: _____

2. Other members of household:

a. Last Name: _____ First Name: _____ MI: _____ Relationship _____

b. Last Name: _____ First Name: _____ MI: _____ Relationship _____

c. Last Name: _____ First Name: _____ MI: _____ Relationship _____

d. Last Name: _____ First Name: _____ MI: _____ Relationship _____

e. Last Name: _____ First Name: _____ MI: _____ Relationship _____

3. Address: _____ City: _____ State: _____ Zip Code: _____

4. Home Phone Number: _____ Work Phone Number: _____

5. Employers of those listed above in numbers 1 and 2:

1. Employer: _____ Address: _____

2a. Employer: _____ Address: _____

2b. Employer: _____ Address: _____

6. Reason for request of donation (include amount requested and specific use of funds).

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

Yes No If yes Please list:

8. Statement of financial condition as of _____ of 20_____.

Assets:

Cash Institution: _____ Account #: _____ Amount: \$ _____

Institution: _____ Account #: _____ Amount: \$ _____

Institution: _____ Account #: _____ Amount: \$ _____

Real Estate Partial/Wholly Owned: _____ County: _____ Market Value: \$ _____

Partial/Wholly Owned: _____ County: _____ Market Value: \$ _____

Partial/Wholly Owned: _____ County: _____ Market Value: \$ _____

Other Description: _____ I.D.#: _____ Value: \$ _____

Description: _____ I.D.#: _____ Value: \$ _____

Description: _____ I.D.#: _____ Value: \$ _____

Total Assets: \$ _____

Liabilities:

Notes Payable Lenders Name: _____ Lenders Address: _____ Amount: \$ _____
Lenders Name: _____ Lenders Address: _____ Amount: \$ _____
Lenders Name: _____ Lenders Address: _____ Amount: \$ _____

Mortgage Mortgagor's Name: _____ Address: _____ Amount: \$ _____
Mortgagor's Name: _____ Address: _____ Amount: \$ _____
Mortgagor's Name: _____ Address: _____ Amount: \$ _____

Other Debt (State type: Taxes, bills outstanding, other)

Type: _____ Amount: \$ _____
Type: _____ Amount: \$ _____
Type: _____ Amount: \$ _____
Type: _____ Amount: \$ _____

Total Liabilities

\$ _____

Monthly Expenses:

Housing Mortgage Rent Amount: \$ _____

Food Amount: \$ _____

Utilities Electric Amount: \$ _____

Gas Amount: \$ _____

Telephone Amount: \$ _____

Transportation Automobile Payments Amount: \$ _____

Gasoline Amount: \$ _____

Insurance Medical Amount: \$ _____

Life Amount: \$ _____

Automobile Amount: \$ _____

Medical Doctor Amount: \$ _____

Hospital Amount: \$ _____

Medication Amount: \$ _____

Charge Accounts _____ Amount: \$ _____

(Specify) _____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

Loans (Specify) _____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

Taxes (Specify) _____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

Other Expenses _____ Amount: \$ _____

(Specify) _____ Amount: \$ _____

_____ Amount: \$ _____

Total Monthly Expenses

\$ _____

Sources of monthly income:

Salary Employer's Name: _____ Amount: \$ _____
Bonus, Tips and Commission: _____ Amount: \$ _____
Dividends and Interest: _____ Amount: \$ _____
_____ Amount: \$ _____
Real Estate Income: _____ Amount: \$ _____
_____ Amount: \$ _____
Farm Income: _____ Amount: \$ _____
_____ Amount: \$ _____
Other (please state type: Alimony, Child support):
Type: _____ Amount: \$ _____
Type: _____ Amount: \$ _____
Type: _____ Amount: \$ _____

Total sources of monthly income \$ _____

9. Please list three references (may not be a Trustee of the Carroll County REMC Multi-County Community Trust, Inc. or a Director of the Carroll County REMC)

1. Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
2. Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
3. Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

The information contained in this statement is for the purpose of obtaining funding from the Carroll County REMC Multi-County 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 Carroll County REMC Multi-County Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Carroll County REMC Multi-County Community Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of Applicant/Recipient: _____ Date: _____

Signature of Spouse: _____ Date: _____