

**Individual / Family
CHECKLIST**

(Please return with application)

- _____ Filled out entire application.
- _____ Specific details for #6 – Use of Funds. The board wants a detailed breakdown of cost for what is being requested.
- _____ Copy of your last federal income tax form and W-2.
- _____ Amount requested.
- _____ Attached extra sheets (if necessary) with additional information.
- _____ Signed and dated.

Darke Rural Electric Trust

P.O. Box 278
Greenville, OH 45331
(937) 548-4114

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Name: _____

Social Security Number _____

2. Other Members of Household:

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

3. Address: _____

Street or Post Office Box

City or Town

State

Zip

4. Phone No. _____

Home

Work

5. Employer of those listed in No. 1 and No. 2 above:

(1) _____

Name Supervisor

Address Phone

(2a) _____

Name Supervisor

Address Phone

(2b) _____
Name Supervisor

Address Phone

(2c) _____
Name Supervisor

Address Phone

(2d) _____
Name Supervisor

Address Phone

(2e) _____
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 ____

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

ASSETS

AMOUNTS

Cash

	Acct. No.	\$ _____
Banking Institution		
	Acct. No.	\$ _____
Banking Institution		
	Acct. No.	\$ _____
Banking Institution		

Real Estate

	County	\$ _____
Partial or Wholly Owned		Market Value
	County	\$ _____
Partial or Wholly Owned		Market Value
	County	\$ _____
Partial or Wholly Owned		Market Value

Securities

	Identification No.	\$ _____
Description		Value
	Identification No.	\$ _____
Description		Value
	Identification No.	\$ _____
Description		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
		\$ _____
Type		Value

Please include any additional assets on a separate sheet.

TOTAL ASSETS \$ _____

LIABILITIES

AMOUNTS

Notes Payable _____	\$ _____
Lender's Name	

Lender's Address	
_____	\$ _____
Lender's Name	

Lender's Address	
_____	\$ _____
Lender's Name	

Lender's Address	
_____	\$ _____
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)

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	

Please include any additional liabilities on a separate sheet.

TOTAL LIABILITIES \$ _____

MONTHLY EXPENSES

AMOUNTS

Housing Mortgage ____ Rent ____ \$ _____

Food \$ _____

Utilities Electricity \$ _____

Gas \$ _____

Telephone \$ _____

Transportation Automobile Payments \$ _____

Gasoline \$ _____

Insurance Medical \$ _____

Life \$ _____

Automobile \$ _____

Medical Doctors \$ _____

Hospital \$ _____

Medication \$ _____

Charge Accounts _____ \$ _____

(Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Loans (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Taxes _____ \$ _____

_____ \$ _____

_____ \$ _____

Other Expenses _____ \$ _____

(Specify) _____ \$ _____

_____ \$ _____

Please include any additional expenses on a separate sheet.

TOTAL MONTHLY EXPENSES \$ _____

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary	_____	\$ _____
	Employer's Name	
Bonus, Tips & Commissions	_____	\$ _____
Dividends & Interest	_____	\$ _____
Real Estate Income	_____	\$ _____
Farm Income	_____	\$ _____
Other (please state: alimony, child support, other)		
	_____	\$ _____
	Type	
	_____	\$ _____
	Type	
	_____	\$ _____
	Type	
	_____	\$ _____
	Type	

Please include any additional sources of income on a separate sheet.

TOTAL SOURCES OF MONTHLY INCOME \$ _____

9. Please list three references. (May not be a director, trustee or employee of Darke Rural Electric Cooperative or the Darke Rural Electric Trust.)

_____		_____	
Name		Phone	

Address	City	State	Zip
_____		_____	
Name		Phone	

Address	City	State	Zip
_____		_____	
Name		Phone	

Address	City	State	Zip

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

Signature of Applicant/Recipient

Signature of Spouse

Date