

BARTHOLOMEW REMC MEMBERSHIP COMMUNITY TRUST, INC.
P.O. Box 467 – 1697 W. Deaver Road
Columbus, IN 47202-0467
(812) 372-2546

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. **Name:** _____

2. **Other Members of Household:**

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

3. **Address:** _____
Street or Post Office Box

| City or Town | State | Zip Code |
|--------------|-------|----------|
|--------------|-------|----------|

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

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

(1) _____
Company/Individual

Address

(2a) _____
Company/Individual

Address

(2b) _____
Company/Individual

Address

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 _____

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 _____

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

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 | |

TOTAL LIABILITIES \$ _____

| <u>MONTHLY EXPENSES</u> | | <u>AMOUNT</u> |
|---|--|---------------|
| 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

_____ \$ _____
type

TOTAL SOURCES OF MONTHLY INCOME \$ _____

9. Please list three (3) references (may not be a Director or Employee of Bartholomew County REMC or a Trustee of Bartholomew REMC Membership 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 Bartholomew REMC Membership 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 Bartholomew REMC Membership Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Bartholomew REMC Membership Community Trust, Inc. is authorized to make all inquiries 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 Bartholomew REMC Membership Community Trust, Inc. Board of Trustees.

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

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE

This Application will be kept on file at the Bartholomew County REMC office for 24 months.

PLEASE SUBMIT 7 COPIES ALONG WITH THE ORIGINAL APPLICATION.