

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY



Name: _____ (Phone Number)

Address: _____
(Street or Post Office Box)

(City) (State) (Zip)

Other Members of Household:

Name	Date of Birth	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you or any members of household employed: ___ Yes ___ No If yes, complete the following:

Name of Household Member Employed	Name of Employer
_____	_____
_____	_____
_____	_____

State purpose of request (include amount requested and specific use of funds): _____

Are you or your family receiving any other form of assistance or aid? ___ Yes ___ No If yes, please list: _____

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Statement of financial condition as of _____, 20__.

ASSETS:

Bank Accounts

Amount

_____ \$ _____
(banking institution) (acct. #)

_____ \$ _____
(banking institution) (acct. #)

Real Estate

_____ \$ _____
(address) (market value)

Stocks, Bonds, or Other Assets

_____ \$ _____
(description) (identification #) (value)

Other Assets (auto, personal property, etc.)

_____ \$ _____
(description) (value)

_____ \$ _____
(description) (value)

_____ \$ _____
(description) (value)

TOTAL ASSETS

\$ _____

DEBTS:

Mortgage

\$ _____

(lender's name)

(lender's address)

\$ _____

Personal Loans

\$ _____

(lender's name)

(lender's address)

\$ _____

Car Loan _____ \$ _____
(lender's name)

(lender's address) _____ \$ _____

(lender's name) _____ \$ _____

(lender's address) _____ \$ _____

Credit Cards _____ \$ _____
(lender's name)

(lender's address) _____ \$ _____

(lender's name) _____ \$ _____

(lender's address) _____ \$ _____

Other Debt _____
(lender's name)

(lender's address) _____ \$ _____

(lender's name) _____ \$ _____

(lender's address) _____ \$ _____

TOTAL LIABILITIES _____ \$ _____

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Please list three references. (May not be a director or employee of Northeastern REMC or Operation Round Up).

(Name) _____ (Phone Number) _____

(Address) _____ (City) _____ (State) _____ (Zip) _____

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(Address) _____ (City) _____ (State) _____ (Zip) _____

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

(Signature of Applicant)

(Signature of Spouse)

(Date)