

**FRANKLIN RURAL ELECTRIC COOPERATIVE TRUST
PO BOX 437
HAMPTON, IA 50441
(641) 456-2557 OR (800) 750-3557**

**APPLICATION FOR DONATION
FOR INDIVIDUAL AND/OR FAMILY**

1. Name: _____
Last First Middle

2. Other Members of Household:

	Last Name	First	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. 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 ___
If yes, please list:**

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

ASSETS

AMOUNTS

Cash

Banking Institution _____ Acct. No. _____ \$ _____

Banking Institution _____ Acct. No. _____ \$ _____

Banking Institution _____ Acct. No. _____ \$ _____

Real Estate

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

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

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

Securities

Description _____ Identification No. _____ \$ _____ Value

Description _____ Identification No. _____ \$ _____ Value

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

_____ Type _____ \$ _____ Value

TOTAL ASSETS

\$ _____

LIABILITIES

AMOUNTS

Notes Payable

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Lender's Name

\$ _____

Mortgage

Mortgagor's Name

\$ _____

Mortgagor's Name

\$ _____

Mortgagor's Name

\$ _____

Mortgagor's Name

\$ _____

Other Debt (State Type: Taxes, Bills 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		\$ _____
Medical	Doctors		\$ _____
	Hospital		\$ _____
	Medication		\$ _____
Charge Accounts	_____		\$ _____
(Specify)	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
Loans (Specify)	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
Taxes (Specify)	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
Other Expenses	_____		\$ _____
(Specify)	_____		\$ _____
	_____		\$ _____
TOTAL MONTHLY EXPENSES			\$ _____

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary	_____	\$ _____
	<small>Employer's Name</small>	
Bonus, Tips, & Commissions	_____	\$ _____
Dividends & Interest	_____	\$ _____
Real Estate Income	_____	\$ _____
Farm Income	_____	\$ _____
Other: (Please State: Alimony, Child Support, Other)		
	_____	\$ _____
	<small>Type</small>	
	_____	\$ _____
	<small>Type</small>	
	_____	\$ _____
	<small>Type</small>	
	_____	\$ _____
	<small>Type</small>	
TOTAL SOURCES OF MONTHLY INCOME		\$ _____

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

Name	Phone	

Address	State	Zip Code
_____	_____	_____
Name	Phone	

Address	State	Zip Code
_____	_____	_____
Name	Phone	

Address	State	Zip Code
_____	_____	_____

The information contained in this statement is for the purpose of obtaining funding from the Franklin Rural Electric Cooperative 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 the Franklin Rural Electric Cooperative Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Franklin Rural Electric Cooperative 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