

**REMC MULTI-COUNTY COMMUNITY TRUST, INC.**  
**APPLICATION CHECK LIST COVER SHEET**  
**PLEASE RETURN WITH 11 COPIES BY DATE \_\_\_\_\_**

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 REMC Multi-County Community Trust, Inc. or a Director of the Parke 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 of your Organization.
5.  Make 11 copies.

REMC MULTI-COUNTY COMMUNITY TRUST, INC.

119 West High Street
Rockville, Indiana 47872
(765) 569-3133

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 director or employee of REMC Multi-County Community Trust, Inc.)

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 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 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 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: \_\_\_\_\_