



(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\_\_\_\_.

<b><u>ASSETS</u></b>	<b>AMOUNTS</b>
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	\$ _____
_____ Partial or Wholly Owned County	Market Value
_____ Partial or Wholly Owned County	\$ _____
_____ Partial or Wholly Owned County	Market Value
Securities	\$ _____
_____ Description Identification No.	Value
_____ Description Identification No.	\$ _____
_____ Description Identification No.	Value
_____ Description Identification No.	\$ _____
_____ Description Identification No.	Value
Other Receivables (StateType: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value) Other Assets. Include description, account number, etc.)	
_____ Type	\$ _____
_____ Type	Value
_____ Type	\$ _____
_____ Type	Value
_____ Type	\$ _____
_____ Type	Value
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

**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

Other Debt (State Type: Taxes,  
Bill 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 \$\_\_\_\_\_

**SOURCE 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

**TOTAL SOURCES OF MONTHLY INCOME**

\$ \_\_\_\_\_

9. Please list three references. (May not be a director or employee of McKenzie Electric Cooperative or the McKenzie Electric Operation Roundup.)

\_\_\_\_\_  
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 McKENZIE ELECTRIC OPERATION ROUNDUP, 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 McKENZIE ELECTRIC OPERATION ROUNDUP, INC. MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS PROVIDED.

THE McKENZIE ELECTRIC OPERATION ROUNDUP, INC. 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