

**Individual / Family
CHECKLIST**

(Please return with application)

- _____ Filled out entire application.
- _____ Specific details for #6 – Use of Funds. The board wants a detailed breakdown of cost for what is being requested.
- _____ Copy of your last federal income tax form and W-2.
- _____ Amount requested.
- _____ Attached extra sheets (if necessary) with additional information.
- _____ Signed and dated.

Mid Ohio Energy Community Fund

555 W Franklin St
Kenton, OH 43326
419 673-7289

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

1. Name: _____
Social Security Number _____

2. Other Members of Household:

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

3. Address: _____
Street or Post Office Box

City or Town State Zip

4. Phone No. _____
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 ____

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

Please include any additional assets on a separate sheet.

TOTAL ASSETS \$ _____

LIABILITIES

AMOUNTS

Notes Payable _____	\$ _____
Lender's Name	

Lender's Address	
_____	\$ _____
Lender's Name	

Lender's Address	
_____	\$ _____
Lender's Name	

Lender's Address	
_____	\$ _____
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)

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	

Please include any additional liabilities on a separate sheet.

TOTAL LIABILITIES \$ _____

SOURCES 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	

Please include any additional sources of income on a separate sheet.

TOTAL SOURCES OF MONTHLY INCOME \$ _____

9. Please list three references.
(May not be a director, trustee or employee of Mid Ohio Energy Cooperative Inc, or the Mid Ohio Energy Community Fund.)

Name		Phone	

Address	City	State	Zip

Name		Phone	

Address	City	State	Zip

Name		Phone	

Address	City	State	Zip

The information contained in this statement is for the purpose of obtaining funding from the Mid Ohio Energy Community Fund, 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 Mid Ohio Energy Community Fund, may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Mid Ohio Energy Community Fund 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