

**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.

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Signature of Applicant/Recipient

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Signature of Spouse

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Date