



Individual / Family CHECKLIST

(Please return with application)

- _____ Filled out entire application (*application should be typed*).
- _____ 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.

***Corporate Office: 1210 W. Lima St., Kenton, Ohio 43326
Phone: 419-673-7289 / Fax: 419-673-8388***

Mid Ohio Energy Community Fund

1210 W. Lima 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 \$ _____

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	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Other Expenses	_____	\$ _____
(Specify)	_____	\$ _____
	_____	\$ _____

Please include any additional expenses on a separate sheet.

TOTAL MONTHLY EXPENSES \$ _____

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

The Community Fund board meets quarterly (in March, June, September, & December) to review applications. In order to be considered by the board, applications should be received on or before the 10th of the month in which a meeting is scheduled. Applications received after this deadline will be held for review at the following quarterly meeting.