



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.

***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