



Capital Electric Charitable Trust, Inc.

P. O. Box 730

Bismarck, ND 58502-0730

Telephone: (701) 223-1513 or (888) 223-1513

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Total Amount Requested: \$ _____

2. Recipient: _____
First Name Last Name Age

3. Other Members of Household:

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

4. Address: _____
Street or Post Office Box

City State ZIP Code

5. Telephone: _____
Home Phone Work Phone of Recipient

6. Reason for request for donation (include specific use of funds): (add additional information on back of this page or on a separate page if necessary)

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7. Is the individual or family receiving any other form of assistance or aid for the above stated request (donations, insurance, etc.)? Yes _____ No _____
If Yes, please list:

8. Statement of Financial Condition as of _____, 20_____.

ASSETS:

AMOUNTS

Cash

_____	_____	\$ _____
Banking Institution	Account Number	
_____	_____	\$ _____
Banking Institution	Account Number	
_____	_____	\$ _____
Banking Institution	Account Number	

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 Number	Value
_____	_____	\$ _____
Description	Identification Number	Value
_____	_____	\$ _____
Description	Identification Number	Value

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Other Receivables (State type: Personal Property, Auto(s), Loan Receivable, Life Insurance (cash value), Other Assets. Include description, account number, etc.)

_____	\$ _____
Description of Other Receivable	Value
_____	\$ _____
Description of Other Receivable	Value
_____	\$ _____
Description of Other Receivable	Value
_____	\$ _____
Description of Other Receivable	Value

TOTAL ASSETS: \$ _____

LIABILITIES:

AMOUNTS

Notes Payable

_____	\$ _____
Lender's Name	

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

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

Lender's Address	

Mortgage(s)

_____	\$ _____
Mortgagor's Name	

Mortgagor's Address	
_____	\$ _____
Mortgagor's Name	

Mortgagor's Address	

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Other Debt (State type: Taxes, Bills Outstanding, Other)

_____ \$ _____
Description of Other Debt

_____ \$ _____
Description of Other Debt

_____ \$ _____
Description of Other Debt

TOTAL LIABILITIES: \$ _____

MONTHLY EXPENSES:

AMOUNTS

Housing Mortgage _____ Rent _____ \$ _____

Food \$ _____

Utilities Electricity \$ _____

Gas/Propane/Fuel Oil \$ _____

Telephone \$ _____

Water/Sewer \$ _____

Transportation Automobile Payments \$ _____

Gasoline \$ _____

Insurance Medical \$ _____

Life \$ _____

Automobile \$ _____

Medical Doctors \$ _____

Hospital \$ _____

Medication \$ _____

Charge Accounts (specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Loans (specify) _____ \$ _____

_____ \$ _____

Taxes (specify) _____ \$ _____

_____ \$ _____

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Other Expenses (specify) _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

SOURCES OF MONTHLY INCOME: **AMOUNTS**

Total monthly Wages from Item 6. (Pages 1 and 2): \$ _____

Other Bonuses, Tips, and Commissions: \$ _____

Dividends and Interest: \$ _____

Real Estate Income: \$ _____

Farm Income (net): \$ _____

Other (Please specify: Alimony, Child Support, Other):
 _____ \$ _____

 Description of Other Income \$ _____

 Description of Other Income \$ _____

 Description of Other Income \$ _____

 Description of Other Income \$ _____

TOTAL SOURCES OF MONTHLY INCOME: \$ _____

9. Please list three references (May not be a director or employee of Capital Electric Cooperative, Inc. or the Capital Electric Charitable Trust, Inc.)

 Name Telephone Number

 Address City State ZIP Code

 Name Telephone Number

 Address City State ZIP Code

 Name Telephone Number

 Address City State ZIP Code