

	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 _____
 If yes, please list:

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 (StateType: Personal
 Property, Loan Receivable, Auto, Life
 Insurance (Cash Value) Other Assets.
 Include description, account number, etc.)

_____ \$ _____
 Type Value

_____ \$ _____
 Type Value

_____ \$ _____
 Type Value

_____ \$ _____

	Type	Value
TOTAL ASSETS		\$ _____
<u>LIABILITIES</u>		AMOUNTS

Notes Payable	_____	\$ _____
	Lender's Name	

	Lender's Address	

	_____	\$ _____
	Lender's Name	

	Lender's Address	

	_____	\$ _____
	Lender's Name	

	Lender's Address	

Mortgage	_____	\$ _____
	Mortgagor's Name	

	Mortgagor's Address	

	_____	\$ _____
	Mortgagor's Name	

	Mortgagor's Address	

Other Debt (State Type: Taxes,
Bill Outstanding, Other)

_____	\$ _____
Type	

_____	\$ _____
Type	

_____	\$ _____
Type	

_____	\$ _____
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SOURCE 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	\$ _____

TOTAL SOURCES OF MONTHLY INCOME \$ _____

9. Please list three references. (May not be a director or employee of McKenzie Electric Cooperative or the McKenzie Electric Operation Roundup.)

Name	Phone		

Address	City	State	Zip Code

Name	Phone		

Address	City	State	Zip Code

Name	Phone		

Address

City

State

Zip Code

THE INFORMATION CONTAINED IN THIS STATEMENT IS FOR THE PURPOSE OF OBTAINING FUNDING FROM THE McKENZIE ELECTRIC OPERATION ROUNDUP, INC. 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 McKENZIE ELECTRIC OPERATION ROUNDUP, INC. MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS PROVIDED.

THE McKENZIE ELECTRIC OPERATION ROUNDUP, INC. 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