

ADAMS-COLUMBIA COMMUNITY FUND, INC.

OPERATION ROUND-UP® TRUST

401 E. Lake St., P.O. Box 70

Friendship, WI 53934

(608) 339-3346

**APPLICATION FOR DONATION
FOR INDIVIDUAL AND/OR FAMILY**

(The application must be completed in its entirety and be very specific in your request. Incomplete applications will not be considered for fund allocation.)

1. Name: Last First Middle
2. Total Members in Household: _____ List Below Other Members of Household:
- | | <u>Last</u> | <u>First</u> | <u>Middle</u> | <u>Relationship</u> |
|----|-------------|--------------|---------------|---------------------|
| a. | _____ | _____ | _____ | _____ |
| b. | _____ | _____ | _____ | _____ |
| c. | _____ | _____ | _____ | _____ |
| d. | _____ | _____ | _____ | _____ |
| e. | _____ | _____ | _____ | _____ |

1. Address: Street Address or Post Office Box
- City / Town State Zip Code

2. Phone Number: _____
- Home Work

3. Employer Information of those listed in Number 1 and Number 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

4. Reason for request for donation: (Include specific use of funds.)

Amount Requested: _____

5. 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:

6. Statement of Financial Condition as of _____, 20____.

<u>ASSETS</u>	(Please list full amounts)	<u>TOTAL AMOUNTS</u> <i>(Not Monthly)</i>
Cash	_____	\$ _____
	Banking Institution Acct. No.	
	_____	\$ _____
	Banking Institution Acct. No.	
	_____	\$ _____
	Banking Institution Acct. No.	
<u>ASSETS</u>	(Continued from page 2.)	

Real Estate _____ \$ _____
 Partially or Wholly Owned County Market Value

_____ \$ _____
 Partially 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

TOTAL ASSETS \$ _____

LIABILITIES

TOTAL AMOUNTS
(Not Monthly)

Notes Payable _____ \$ _____
Lender's Name

_____ \$ _____
Lender's Address

_____ \$ _____
 Lender's Name

_____ \$ _____
 Lender's Address

_____ \$ _____
Lender's Name

_____ \$ _____
Lender's Address

LIABILITIES (Continued from page 3.)

Mortgage	_____	\$ _____
	Mortgagor's Name	

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

	Mortgagor's Address	

Other Debt Totals Owed (State Type: Taxes, Total Outstanding Bills, Medical Bills Not Covered by Insurance, Other). *For medical bills, please include copy of applicable portion of insurance policy.*

_____	Type	\$ _____
_____	Type	\$ _____
_____	Type	\$ _____
_____	Type	\$ _____
TOTAL LIABILITIES		\$ _____

MONTHLY EXPENSES

AMOUNTS

Housing	Mortgage _____ Rent _____	\$ _____
Food		\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
Transportation	Automobile Payments	\$ _____
	Gasoline	\$ _____
Insurance	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____

MONTHLY EXPENSES (Continued From Page 4)

AMOUNTS

Medical	Doctors	\$ _____
	Hospital	\$ _____
	Medication	\$ _____
Charge Accounts	_____	\$ _____
(Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Loans (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Taxes (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Other Expenses	_____	\$ _____
(Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	TOTAL MONTHLY EXPENSES	\$ _____

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary _____	Employer's Name	\$ _____
Bonus, Tips & Commissions		\$ _____
Dividends & Interest		\$ _____
Real Estate Income		\$ _____
Farm Income		\$ _____
Other: <i>(Please State: Alimony, Child Support, Other)</i>		
_____	Type	\$ _____
_____	Type	\$ _____
_____	Type	\$ _____
_____	Type	\$ _____
	TOTAL SOURCES OF MONTHLY INCOME	\$ _____

7. Please list three references. (May not be a director or employee of Adams-Columbia Electric Cooperative or the Adams-Columbia Electric Cooperative Trust.)

(1) _____
Name Phone

Address City State Zip Code

(2) _____
Name Phone

Address City State Zip Code

(3) _____
Name Phone

Address City State Zip Code

The application must be completed in its entirety and please be very specific in your request. Incomplete applications will not be considered for fund allocation.

The information contained in this statement is for the purpose of obtaining funding from the Adams-Columbia Electric Cooperative Trust on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding whether to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the Adams-Columbia Electric Cooperative Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Adams-Columbia Electric Cooperative Trust is authorized to make all inquiries they deem to verify the accuracy of the statements made herein.

Print Name of Applicant

Signature of Applicant

Date Submitted