



Adams-Columbia Community Fund, Inc.
 Operation Round-Up® Trust
 401 E Lake St./PO Box 70
 Friendship, WI 53934
 (800) 831-8629
www.acecwi.com
acec@acecwi.com

Operation Round Up Application Individual

The application must be completed in its entirety and be very specific in your request. Incomplete applications will not be considered for fund allocation. Be advised that funds will not be granted for general operating expenses or utilities. Applicants will be notified of the board's decision within 5 business days of the Operation Round-Up board meeting.

| Applicant Information | | | | |
|---|-------------|---|---------------|---|
| Name: | | | | |
| Mailing Address: | | | City: | |
| State: | Zip Code: | Phone Number: | | |
| E-mail Address: | | | | |
| Household Information | | | | |
| Total Members in Household: | | List Below Members of Household. | | |
| Last Name: | First Name: | Relationship: | Age: | Do they contribute to household income? (Y/N) |
| | | | | |
| | | | | |
| | | | | |
| Provide employer information for yourself and members in household listed above. | | | | |
| Name: | Supervisor: | Address: | Phone Number: | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Funding | | | | |
| Purpose of funds: | | Amount Requested (not to exceed \$3,500): <i>Please provide an estimate or invoice for your request.</i> | | |
| Please explain how the funds will be used: | | | | |
| List other sources of funding, what the status is of the request (received, pending, applied, etc.) and the amount. | | | | |
| Source: | Status: | Amount: | | |

| | | |
|---------|---------|---------|
| | | |
| Source: | Status: | Amount: |
| Source: | Status: | Amount: |
| Source: | Status: | Amount: |
| Source: | Status: | Amount: |

Assets

Cash

| | |
|----------------------|----------|
| Banking Institution: | Balance: |
| Banking Institution: | Balance: |
| Banking Institution: | Balance: |

Real Estate

| | | |
|----------------------------|---------|---------------|
| Partially or Wholly Owned: | County: | Market Value: |
| Partially or Wholly Owned: | County: | Market Value: |

Securities

| | | |
|--------------|------------------------|--------|
| Description: | Identification Number: | Value: |
| Description: | Identification Number: | Value: |
| Description: | Identification Number: | Value: |

Other Receivables
(State type: Personal Property, Loan Receivable, Auto, Life Insurance (cash value), Other Assets)

| | | |
|-------|--------------|--------|
| Type: | Description: | Value: |
| Type: | Description: | Value: |
| Type: | Description: | Value: |
| Type: | Description: | Value: |

TOTAL ASSETS \$:

Liabilities

Notes Payable

| | |
|-------------------|--------------------|
| Lender's Name: | Total Amount Owed: |
| Lender's Address: | |
| Lender's Name: | Total Amount Owed: |
| Lender's Address: | |
| Lender's Name: | Total Amount Owed: |
| Lender's Address: | |

| <i>Mortgage</i> | |
|--|--------------------|
| Mortgagor's Name: | Total Amount Owed: |
| Mortgagor's Address: | |
| Mortgagor's Name: | Total Amount Owed: |
| Mortgagor's Address: | |
| <i>Other Debts</i> | |
| (State type: Taxes, Total Outstanding Bills, Medical Bills Not Covered by Insurance, Etc. For medical bills, please include copy of applicable portion of insurance policy.) | |
| Type: | Amount Owed: |
| Type: | Amount Owed: |
| Type: | Amount Owed: |
| TOTAL LIABILITIES | |
| \$: | |
| Monthly Expenses | |
| () Mortgage () Rent | Amount: |
| Food: | Amount: |
| Electricity: | Amount: |
| Gas (Propane or Natural Gas): | Amount: |
| Telephone: | Amount: |
| Car Payments: | Amount: |
| Gasoline: | Amount: |
| Medical Insurance: | Amount: |
| Life Insurance: | Amount: |
| Car Insurance: | Amount: |
| Medical Bills: | Amount: |
| Medication/Prescriptions: | Amount: |
| Charge Accounts (specify): | Amount: |
| Loans (specify): | Amount: |
| Taxes (specify): | Amount: |
| Other Expenses (specify): | Amount: |
| TOTAL MONTHLY EXPENSES | |
| \$: | |

| Sources of Monthly Income | | | |
|--|-------|---------|-------|
| Employer: | | Amount: | |
| Bonus, Tips, & Commissions: | | Amount: | |
| Dividends & Interest: | | Amount: | |
| Real Estate Income: | | Amount: | |
| Farm Income: | | Amount: | |
| Other: (please state: Alimony, Child Support, etc.) | | Amount: | |
| TOTAL SOURCES OF MONTHLY INCOME | | \$: | |
| References (Please list three references. May not be a director or employee of Adams-Columbia Electric Cooperative or the Adams-Columbia Electric Cooperative Trust) | | | |
| Name | | Phone: | |
| Address: | City: | State: | Zip: |
| Name: | | Phone: | |
| Address: | City: | State: | Zip: |
| Name: | | Phone: | |
| Address: | City: | State: | Zip: |
| Please read and sign | | | |
| <p><i>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.</i></p> | | | |
| Print Name of Applicant: | | | |
| Signature of Applicant: | | | Date: |