

**FRANKLIN RURAL ELECTRIC COOPERATIVE TRUST  
PO BOX 437  
HAMPTON, IA 50441  
(641) 456-2557**

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

**1. Name:** \_\_\_\_\_  
Last First Middle

**2. Other Members of Household:**

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

**3. Address:** \_\_\_\_\_  
Street or Post Office Box  
\_\_\_\_\_ City or Town State Zip Code

**4. Phone Number:** \_\_\_\_\_  
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 \_\_\_\_**

**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 (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**

**AMOUNTS**

**Notes Payable**

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

**Mortgage**

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

**Other Debt (State Type: Taxes, Bills Outstanding, Other)**

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	

**TOTAL LIABILITIES**

\$ \_\_\_\_\_

**MONTHLY EXPENSES**

**AMOUNTS**

<b>Housing</b>	<b>Mortgage _____ Rent _____</b>	<b>\$ _____</b>
<b>Food</b>		<b>\$ _____</b>
<b>Utilities</b>	<b>Electricity</b>	<b>\$ _____</b>
	<b>Gas</b>	<b>\$ _____</b>
	<b>Telephone</b>	<b>\$ _____</b>
<b>Transportation</b>	<b>Automobile Payments</b>	<b>\$ _____</b>
	<b>Gasoline</b>	<b>\$ _____</b>
<b>Insurance</b>	<b>Medical</b>	<b>\$ _____</b>
	<b>Life</b>	<b>\$ _____</b>
	<b>Automobile</b>	<b>\$ _____</b>
<b>Medical</b>	<b>Doctors</b>	<b>\$ _____</b>
	<b>Hospital</b>	<b>\$ _____</b>
	<b>Medication</b>	<b>\$ _____</b>
<b>Charge Accounts (Specify)</b>	_____	<b>\$ _____</b>
	_____	<b>\$ _____</b>
	_____	<b>\$ _____</b>
	_____	<b>\$ _____</b>
<b>Loans (Specify)</b>	_____	<b>\$ _____</b>
	_____	<b>\$ _____</b>
	_____	<b>\$ _____</b>
<b>Taxes (Specify)</b>	_____	<b>\$ _____</b>
	_____	<b>\$ _____</b>
	_____	<b>\$ _____</b>
	_____	<b>\$ _____</b>
<b>Other Expenses (Specify)</b>	_____	<b>\$ _____</b>
	_____	<b>\$ _____</b>
	_____	<b>\$ _____</b>
<b>TOTAL MONTHLY EXPENSES</b>		<b>\$ _____</b>

**SOURCES OF MONTHLY INCOME**

**AMOUNTS**

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

**9. Please list three references. (May not be a director or employee of Franklin Rural Electric Cooperative or the Franklin Rural Electric Cooperative Trust.)**

<small>Name</small>	<small>Phone</small>
<small>Address</small>	<small>State</small>
<small>Zip Code</small>	
<small>Name</small>	<small>Phone</small>
<small>Address</small>	<small>State</small>
<small>Zip Code</small>	
<small>Name</small>	<small>Phone</small>
<small>Address</small>	<small>State</small>
<small>Zip Code</small>	

**The information contained in this statement is for the purpose of obtaining funding from the Franklin Rural Electric Cooperative Trust 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 Franklin Rural Electric Cooperative Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Franklin Rural Electric Cooperative Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.**

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**SIGNATURE OF APPLICANT/RECIPIENT**

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**SIGNATURE OF SPOUSE**

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**DATE**