

# CARROLL WHITE REMC COMMUNITY TRUST, INC.

302 North Sixth Street

PO Box 599

Monticello, Indiana 47960-0599

(574) 583-7161 · (800) 844-7161 · (574) 583-4156 Fax

www.cwremc.com



## APPLICATION FOR DONATION Individual and/or family

Name: \_\_\_\_\_

Other Members of Household:

Last Name	First	Middle	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: \_\_\_\_\_

Street or Post Office Box

\_\_\_\_\_

City or Town

State

Zip Code

Phone Number: \_\_\_\_\_

Home

Work

Employers of those listed above:

\_\_\_\_\_

Name

Company/ Individual

\_\_\_\_\_

Address

\_\_\_\_\_

Name

Company/ Individual

\_\_\_\_\_

Address

\_\_\_\_\_  
Name Company/ Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Company/ Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Company/ Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Company/ Individual

\_\_\_\_\_  
Address

Reason for Request for Donation: \_\_\_\_\_  
\_\_\_\_\_

Amount of Donation Requested: \$ \_\_\_\_\_

*If for repair or replacement of a project, a formal estimate from the company doing the work must be submitted.*

Specific Use of Funds: \_\_\_\_\_

Is 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of Financial Condition as of \_\_\_\_\_, 20\_\_

**ASSETS**

**AMOUNTS**

**Cash**

_____	_____	\$ _____
Institution	Account No.	
_____	_____	\$ _____
Institution	Account No.	
_____	_____	\$ _____
Institution	Account No.	

**Real Estate**

_____	_____	\$ _____
Partial/ Wholly Owned	County	Market Value
_____	_____	\$ _____
Partial/ Wholly Owned	County	Market Value
_____	_____	\$ _____
Partial/ Wholly Owned	County	Market Value
_____	_____	\$ _____
Partial/ Wholly Owned	County	Market Value

**Other**

_____	_____	\$ _____
Description	I.D. No.	Value
_____	_____	\$ _____
Description	I.D. No.	Value
_____	_____	\$ _____
Description	I.D. No.	Value

**TOTAL ASSETS**

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

**LIABILITIES**

**AMOUNTS**

**Loans**

\_\_\_\_\_  
Lender's Name

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

\_\_\_\_\_  
Lender's Address

\_\_\_\_\_  
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

\_\_\_\_\_  
Mortgagor's Name

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

\_\_\_\_\_  
Mortgagor's Address

<b>Other Debt</b>	_____	\$ _____
	Type _____	
	_____	\$ _____
	Type _____	
	_____	\$ _____
	Type _____	
	_____	\$ _____
	Type _____	
<b>TOTAL LIABILITIES</b>		\$ _____

**MONTHLY EXPENSES**

**AMOUNTS**

<b>Housing</b>	Mortgage _____	Rent _____	\$ _____
Food			\$ _____
<b>Utilities</b>	Electricity		\$ _____
	Gas		\$ _____
	Telephone		\$ _____
<b>Transportation</b>	Automobile Payment #1 Vehicle		\$ _____
	Automobile Payment #2 Vehicle		\$ _____
	Gasoline		\$ _____
	Repairs		\$ _____
<b>Insurance</b>	Medical		\$ _____
	Life		\$ _____
	Automobile		\$ _____
<b>Medical</b>	Doctors		\$ _____
	Hospital		\$ _____
	Medication		\$ _____

**Charge Accounts**

_____	\$ _____
Type of Card	
_____	\$ _____
Type of Card	
_____	\$ _____
Type of Card	
_____	\$ _____
Type of Card	

**Loans**

_____	\$ _____
Lender	
_____	\$ _____
Lender	
_____	\$ _____
Lender	
_____	\$ _____
Lender	

**Taxes (Specify)**

_____	\$ _____
_____	\$ _____
_____	\$ _____

**Other Expenses (Specify)**

_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

**SOURCES OF MONTHLY INCOME**

**AMOUNTS**

**Salary**

\_\_\_\_\_  
Employer's Name

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

\_\_\_\_\_  
Employer's Name

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

\_\_\_\_\_  
Employer's Name

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

**Bonus, Tips & Commissions** \_\_\_\_\_

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

**Dividends & Interest** \_\_\_\_\_

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

\_\_\_\_\_

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

**Real Estate Income** \_\_\_\_\_

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

\_\_\_\_\_

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

**Farm Income** \_\_\_\_\_

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

\_\_\_\_\_

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

**Other Income (*Please state type: alimony, child support, social security, disability, etc.*):**

\_\_\_\_\_  
Type

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

\_\_\_\_\_  
Type

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

\_\_\_\_\_  
Type

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

\_\_\_\_\_  
Type

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

**TOTAL SOURCES OF MONTHLY INCOME**

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

Please list three (3) references (may not be an employee or director of the Carroll White REMC or a trustee of the Carroll White REMC Community Trust, Inc.):

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City/Town State Zip Code

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City/Town State Zip Code

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City/Town State Zip Code

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

*I understand in applying for funding that, if granted, it will be used for the sole purpose as stated in this application.*

*Further, I understand that if funding is received, I grant permission for its publication in the Carroll White REMC's monthly publication as well as any other publication the Carroll White REMC deems appropriate.*

\_\_\_\_\_  
Signature of Applicant/ Recipient

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

**For Trust Use Only**

Approved \_\_\_\_\_ Date: \_\_\_\_\_ Amount Approved \_\_\_\_\_

Declined \_\_\_\_\_ Date: \_\_\_\_\_