

(2b) Address _____ Phone _____
Employer _____ Supervisor _____

(2c) Address _____ Phone _____
Employer _____ Supervisor _____

(2d) Address _____ Phone _____
Employer _____ Supervisor _____

(2e) Address _____ Phone _____
Employer _____ Supervisor _____

6. Reason for Request for Donation: (Include amount requested and specific use of funds)

7. Is individual of family receiving any other form of assistance or aid for above stated request (donation, insurance, etc.)? Yes _____ No _____
If yes, please list:

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

<u>ASSETS</u>		AMOUNTS
Cash	_____	\$ _____
	Banking Institution _____ Acct. No. _____	\$ _____
	Banking Institution _____ Acct. No. _____	\$ _____
Real Estate	_____	\$ _____
	Partial or Wholly Owned _____ County _____	Market Value
	Partial or Wholly Owned _____ County _____	Market Value
Securities	_____	\$ _____
	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 \$ _____

SOURCES 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 Heartland REMC or the Heartland REMC Operation Round Up® Trust.)

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 Heartland REMC Operation Round Up® 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 Heartland REMC Operation Round Up® Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Heartland REMC Operation Round Up® Trust 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

Return completed form to:

**Rachel Cruz
Heartland REMC
350 Wedcor Ave.
Wabash, IN 46992**