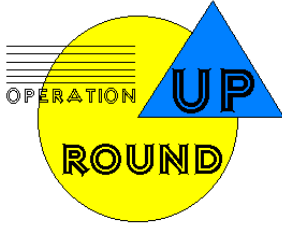


# Capital Electric Charitable Trust, Inc.

P. O. Box 730

Bismarck, ND 58502-0730

Telephone: (701) 223-1513 or (888) 223-1513



## APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Total Amount Requested: \$ \_\_\_\_\_

2. Recipient: \_\_\_\_\_  
First Name Last Name Age

3. Other Members of Household:

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

4. Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_

City State ZIP Code

5. Telephone: \_\_\_\_\_  
Home Phone Work Phone of Recipient

6. Reason for request for donation (include specific use of funds): (add additional information on back of this page or on a separate page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION FOR DONATION  
FOR INDIVIDUAL/FAMILY**

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7. Is the 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:

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

**ASSETS:**

**AMOUNTS**

**Cash**

_____	\$ _____
Banking Institution	
_____	\$ _____
Banking Institution	
_____	\$ _____
Banking Institution	

**Real Estate**

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

**Securities**

_____	\$ _____
Description	Value
_____	\$ _____
Description	Value
_____	\$ _____
Description	Value

**APPLICATION FOR DONATION  
FOR INDIVIDUAL/FAMILY**

PAGE 3

**Other Receivables** (State type: Personal Property, Auto(s), Loan Receivable, Life Insurance (cash value), Other Assets. Include description, account number, etc.)

_____	\$ _____
Description of Other Receivable	Value
_____	\$ _____
Description of Other Receivable	Value
_____	\$ _____
Description of Other Receivable	Value
_____	\$ _____
Description of Other Receivable	Value

**TOTAL ASSETS:** \$ \_\_\_\_\_

**LIABILITIES:**

**AMOUNTS**

**Notes Payable**

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

**Mortgage(s)**

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

**APPLICATION FOR DONATION  
FOR INDIVIDUAL/FAMILY**

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

	\$ _____
Description of Other Debt	
	\$ _____
Description of Other Debt	
	\$ _____
Description of Other Debt	

**TOTAL LIABILITIES:** \$ \_\_\_\_\_

**MONTHLY EXPENSES:** **AMOUNTS**

<b>Housing</b>	Mortgage _____	Rent _____	\$ _____
<b>Food</b>			\$ _____
<b>Utilities</b>	Electricity		\$ _____
	Gas/Propane/Fuel Oil		\$ _____
	Telephone		\$ _____
	Water/Sewer		\$ _____
<b>Transportation</b>	Automobile Payments		\$ _____
	Gasoline		\$ _____
<b>Insurance</b>	Medical		\$ _____
	Life		\$ _____
	Automobile		\$ _____
<b>Medical</b>	Doctors		\$ _____
	Hospital		\$ _____
	Medication		\$ _____
<b>Charge Accounts</b> (specify)			\$ _____
			\$ _____
			\$ _____
<b>Loans</b> (specify)			\$ _____
			\$ _____
<b>Taxes</b> (specify)			\$ _____
			\$ _____

**Other Expenses** (specify) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

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

**SOURCES OF MONTHLY INCOME:** **AMOUNTS**

**Total monthly Wages from Item 6.** (Pages 1 and 2): \$ \_\_\_\_\_

**Other Bonuses, Tips, and Commissions:** \$ \_\_\_\_\_

**Dividends and Interest:** \$ \_\_\_\_\_

**Real Estate Income:** \$ \_\_\_\_\_

**Farm Income** (net): \$ \_\_\_\_\_

**Other** (Please specify: Alimony, Child Support, Other):

\_\_\_\_\_ \$ \_\_\_\_\_  
 Description of Other Income

\_\_\_\_\_ \$ \_\_\_\_\_  
 Description of Other Income

\_\_\_\_\_ \$ \_\_\_\_\_  
 Description of Other Income

\_\_\_\_\_ \$ \_\_\_\_\_  
 Description of Other Income

**TOTAL SOURCES OF MONTHLY INCOME:** \$ \_\_\_\_\_

9. Please list three references (May not be a director or employee of Capital Electric Cooperative, Inc. or the Capital Electric Charitable Trust, Inc.)

\_\_\_\_\_  
 Name Telephone Number

\_\_\_\_\_  
 Address City State ZIP Code

\_\_\_\_\_  
 Name Telephone Number

\_\_\_\_\_  
 Address City State ZIP Code

\_\_\_\_\_  
 Name Telephone Number

\_\_\_\_\_  
 Address City State ZIP Code