

Cotton Electric Charitable Foundation, Inc.
226 North Broadway • Walters, OK 73572
(580) 875-3351

All applications for individuals must include a letter of referral from another reputable service agency. Applications without a letter of referral will not be considered.

1. Name: _____

2. Other Members of Household: (include proof of dependency for minor children)

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

3. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

4. Phone No. _____

Home

Work

5. Employer of those listed in No. 1 and No. 2 above:

1. _____

2a. _____

2b. _____

2c. _____

2d. _____

2e. _____

6. Reason for Request for Donation: (Include amount requested and specific use of funds. If request is for children, include age and clothing sizes if applicable.)

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? If yes, please explain.

8. Statement of Financial Condition as of _____, 2008.

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
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

Mortgagor's Name

\$ _____

Mortgagor's Address

\$ _____

Mortgagor's Name

\$ _____

Mortgagor's Address

\$ _____

Mortgagor's Name

\$ _____

Mortgagor's Address

\$ _____

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

Type

\$ _____

Type

\$ _____

Type

\$ _____

Type

\$ _____

TOTAL LIABILITIES

\$ _____

MONTHLY EXPENSES

AMOUNTS

Housing Mortgage_____ Rent _____ \$_____

Food

Utilities Electricity \$_____

Gas \$_____

Telephone \$_____

Transportation Automobile Payments \$_____

Gasoline \$_____

Insurance Medical \$_____

Life \$_____

Automobile \$_____

Medical Doctors \$_____

Hospital \$_____

Medication \$_____

Charge Accounts _____ \$_____

(Specify) _____ \$_____

_____ \$_____

_____ \$_____

Loans _____ \$_____

(Specify) _____ \$_____

_____ \$_____

Taxes _____ \$_____

(Specify) _____ \$_____

_____ \$_____

Other Expenses _____ \$_____

(Specify) _____ \$_____

_____ \$_____

_____ \$_____

TOTAL MONTHLY EXPENSES \$_____

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 Cotton Electric Cooperative or the Cotton Electric Charitable Foundation).

Name Phone

Address City State Zip

Name Phone

Address City State Zip

Name Phone

Address City State Zip

The information contained in this statement is for the purpose of obtaining funding from the Cotton Electric Charitable Foundation, 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 Cotton Electric Charitable Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. I also acknowledge that a written letter of referral is required for all individual applications. The Cotton Electric Charitable Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein by the applicant or those making referral.

Signature of Applicant/Recipient

Signature of Spouse

Date