

CUMING COUNTY PUBLIC POWER DISTRICT
OPERATION ROUND UP® FUND
 500 South Main Street
 West Point, Nebraska 68788
 (402)372-2463

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

1. Name: _____
Last First Middle

2. Other Members of Household:

	<small>Last Name</small>	<small>First</small>	<small>Middle</small>	<small>Relationship</small>
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

(12d) _____
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 _____, 19__.

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 Receivables, 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 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

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

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 Cuming County Public Power District or Cuming County Public Power District Operation Round-Up Fund.)

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 Cuming County Public Power District Operation Round Up® Fund 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 Cuming County Public Power District Operation Round Up® Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Cuming County Public Power District Operation Round Up® Fund is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE

DATE