

**NAVARRO COUNTY ELECTRIC
COOPERATIVE, INC.
OPERATION ROUND UP PROGRAM**

P.O. Box 616
Corsicana, Texas 75151
(903) 874-7411

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

1. Name _____
Last First Middle

2. Other Members of Household:

a.	_____	_____	_____	_____
	Last name	first	middle	Relationship
b.	_____	_____	_____	_____
	Last name	first	middle	Relationship
c.	_____	_____	_____	_____
	Last name	first	middle	Relationship
d.	_____	_____	_____	_____
	Last name	first	middle	Relationship
e.	_____	_____	_____	_____
	Last name	first	middle	Relationship

3. Address: _____
Residence address Mailing address

City of Town State Zip Code

4. Phone Number: _____
Home Work

5. Employer of those in NO.1 and NO.2 above:

(1)	_____	_____
	Employer	Supervisor
	_____	_____
	Address	Phone
(2a)	_____	_____
	Employer	Supervisor
	_____	_____
	Address	Phone

(2b)	_____	_____
	Employer	Supervisor
	_____	_____
	Address	Phone
(2c)	_____	_____
	Employer	Supervisor
	_____	_____
	Address	Phone
(2d)	_____	_____
	Employer	Supervisor
	_____	_____
	Address	Phone
(2e)	_____	_____
	Employer	Supervisor
	_____	_____
	Address	Phone

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 (Food Stamps, AFDC, donations, insurance, etc.)? Yes ___ No___

8. Statement of financial Condition as of _____

<u>ASSETS</u>	<u>AMOUNTS</u>
Cash	\$ _____
_____	_____
Banking Institution Account No.	\$ _____
_____	_____
Banking Institution Account No.	\$ _____
_____	_____
Banking Institution Account 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
Other Receivables (State Type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value) Other Assets; Include description, account no., etc.)	\$ _____
_____	_____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
TOTAL ASSETS	\$ _____

	Total

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, Outstanding bills, other)

\$ _____

Type

\$ _____

Type

\$ _____

Type

TOTAL LIABILITIES

\$ _____

MONTHLY EXPENSES

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 _____	\$ _____
Bonus, Tips, & Commissions _____	\$ _____
Dividends & Interest _____	\$ _____
Real Estate Income _____	\$ _____
Farm Income _____	\$ _____

Other: (Please state: Alimony, Child Support, Social Security, SSI, Other)

	\$ _____
Type	
	\$ _____
Type	
	\$ _____
Type	
	\$ _____
Type	

Total Sources of Monthly income \$ _____

9. Please list three references. (Must not be a director or employee of Navarro County Electric Cooperative, Inc.)

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 Navarro County Electric Cooperative, Inc (“NCEC”) on behalf of the undersigned in connection with the Operation Round Up Program of NCEC. 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 NCEC may consider this statement as continuing to be true and correct until a written notice of a change is provided. NCEC 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