

**DECATUR COUNTY REMC COMMUNITY TRUST INC.**  
**1430 W. Main St.**  
**Greensburg, IN 47240-0046**  
**(812) 663-3391**

**INDIVIDUAL AND/OR FAMILY APPLICATION**

1. Name: \_\_\_\_\_

2. Other Members of Household:

Last Name	First Name	Middle	Relationship
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a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

3. Address: \_\_\_\_\_

Street or Post Office Box

\_\_\_\_\_

City or Town

State

\_\_\_\_\_

Zip Code

4. Phone Number: \_\_\_\_\_

Home

Work

5. Email Address: \_\_\_\_\_

6. Employers of those listed in Nos. 1 and 2 above:

(1) \_\_\_\_\_

Company/Individual

\_\_\_\_\_

Address

(2a) \_\_\_\_\_

Company/Individual

\_\_\_\_\_

Address

(2b) \_\_\_\_\_  
Company/Individual

\_\_\_\_\_  
Address

(2c) \_\_\_\_\_  
Company/Individual

\_\_\_\_\_  
Address

7. Reason for request for donation **(Please include amount requested, with maximum being \$2,500 per year, and detailed listing of specific items that will be purchased or a detailed description of specific use of funds):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. 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: (County, State, Federal, Private, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8a. Where have you applied for assistance in the past year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<u>ASSETS</u>		<u>AMOUNTS</u>
Cash	_____	\$ _____
Institution	_____	\$ _____
Institution	_____	\$ _____
Institution	_____	\$ _____
Real Estate	_____	\$ _____
Partial/Wholly Owned	County	Market Value
Partial/Wholly Owned	County	Market Value
Partial/Wholly Owned	County	Market Value
Other	_____	\$ _____
Description	_____	Value
Description	_____	Value
Description	_____	Value
Description	_____	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, other) Add attachment if additional space is needed.

\_\_\_\_\_ \$ \_\_\_\_\_  
Type

\_\_\_\_\_ \$ \_\_\_\_\_  
Type

\_\_\_\_\_ \$ \_\_\_\_\_  
Type

TOTAL LIABILITIES \$ \_\_\_\_\_

MONTHLY EXPENSES		AMOUNT
Housing	Mortgage _____ or Rent _____	\$ _____
Food		\$ _____
Utilities	Electric	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
	Others	\$ _____
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		\$ _____

<u>SOURCES OF MONTHLY INCOME</u>	<u>AMOUNT</u>
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Salary	_____	\$ _____
	Employer's Name	
	_____	\$ _____
	Employer's Name	
Bonus, Tips & Commission	_____	\$ _____
Dividends and Interest	_____	\$ _____
	_____	\$ _____
Real Estate Income	_____	\$ _____
	_____	\$ _____
Farm Income	_____	\$ _____
	_____	\$ _____

Other (please state type: alimony, child support):

	_____	\$ _____
	type	
	_____	\$ _____
	type	

TOTAL SOURCES OF MONTHLY INCOME		\$ _____
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10. Please list three (3) references (not affiliated with Decatur County REMC, its subsidiaries or a Trustee of Decatur County REMC Community Trust, Inc.)

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Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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Name	Phone
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Address	City	State	Zip Code
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The information contained in this statement is for the purpose of obtaining funding from the Decatur County REMC Community Trust, Inc. 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 Decatur County REMC Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Decatur County REMC Community Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. It is understood that all information herein will be kept in the strictest of confidence by the Decatur County REMC Community Trust, Inc. Board of Trustees.

**Trustees, family members of Trustees, Directors and Employees of Decatur County REMC and members of their families shall not be eligible for disbursements of funds from this trust.**

I am **not** a family member of the Trustees, Directors or Employees of Decatur County REMC.

I am a family member of \_\_\_\_\_, who is a (circle one) Trustee, Director or Employee of Decatur County REMC.

**This application must be completed in full to be considered by the Board of Trustees.**

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE