

FAX # 864-366-4524

Little River Electric Trust
P. O. Box 220, Abbeville, SC 29620
Telephone: (864) 366-2141

Please Complete This Section	
_____	I applied/received LRET funding previously.
_____	Amount Received: \$ _____
_____	This is my first LRET application.

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Name: _____
Last First Middle/Maiden

2. Address: _____

3. Telephone Number: _____ 4. Age of Applicant: _____
Home Work

5. Applicant's Place of Employment & Address: _____

6. Other Members of Household:

Name (Last, First, Middle Initial)	Age	Relationship	Employer	Home Phone No.	Work Phone No.

7. Reason for Request for Donation:

Amount Requested: \$ _____ Specific Use of Funds: _____

8. Please indicate here if you or your family are currently receiving any other form of financial assistance or aid for the above stated request (donations, insurance, etc.). Yes _____ No _____

If yes, please list other sources here: _____

9. Statement of Applicant's Financial Condition as of _____, 20__

ASSETS

<u>Cash</u>			<u>Real Estate</u>			<u>Securities</u>		
<u>Banking Institution</u>	<u>Acct. #</u>	<u>Amount</u>	<u>Partial/Wholly Owned</u>	<u>County</u>	<u>Market Value</u>	<u>Description</u>	<u>ID No.</u>	<u>Value</u>

Other Receivables (State Type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value) Other Assets. Include description, account number, etc.):

<u>Type</u>	<u>Value</u>
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TOTAL ASSETS: \$ _____

LIABILITIES

<u>Notes Payable</u>		<u>Mortgage</u>		<u>Other Debt (State Type: Taxes, Bills Outstanding, Other)</u>	
<u>Lender's Name</u>	<u>Amount</u>	<u>Mortgagor's Name</u>	<u>Amount</u>	<u>Type Debt</u>	<u>Amount</u>

TOTAL LIABILITIES: \$ _____

MONTHLY EXPENSES

	<u>Amount</u>		<u>Amount</u>
Housing (Mortgage ___ Rent ___)	\$ _____	Charge Accounts	
Food	\$ _____	Please Specify:	
Utilities		_____	
Electricity	\$ _____	_____	
Gas	\$ _____	_____	
Telephone	\$ _____	Loans (Please Specify)	
Transportation		_____	
Vehicle Payments	\$ _____	_____	
Fuel	\$ _____	_____	
Insurance		Taxes/Other (Please Specify)	
Medical	\$ _____	_____	
Life	\$ _____	_____	
Automobile	\$ _____	_____	
Medical		_____	
Doctors	\$ _____	_____	
Hospital	\$ _____	_____	
Medication	\$ _____	_____	

TOTAL MONTHLY EXPENSES: \$ _____

SOURCES OF MONTHLY INCOME

	<u>AMOUNT</u>
Salary _____ Employer's Name	\$ _____
Bonus, Tips, & Commissions _____	\$ _____
Dividends & Interest _____	\$ _____
Real Estate Income _____	\$ _____
Farm Income _____	\$ _____
Other (Please State: Alimony, Child Support, Other) _____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL SOURCES OF MONTHLY INCOME:	\$ _____

10. Please list three references. (May not be a Director or Employee of Little River Electric Cooperative, Inc. or the Little River Electric Trust nor a relative of applicant.)

Name	Address (Include Zip Code)	Telephone Number
Name	Address (Include Zip Code)	Telephone Number
Name	Address (Include Zip Code)	Telephone Number

The information contained in this Application is for the purpose of obtaining funding from the Little River Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding on grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Little River Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Little River Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

I further understand that grant selection for Little River Electric Trust funds shall be made in the following priority order: 1.) Loss of Home by Fire; 2.) Terminal Illness; 3.) Disabled/Handicapped Persons; 4.) Catastrophic Illness; 5.) Eyeglasses for Children and Senior Adults. Medical assistance requests should have documentation or statement from doctor regarding medical need.

Signature of Applicant/Recipient

Signature of Spouse

Date