

Northeast Oklahoma Electric Cooperative Foundation, Inc.

PO Box 948 | Vinita, Oklahoma 74301 | 918.256.6405

Application for Donation for Individual/Family

Name			
Mailing address			
City	State		Zip
Physical address if	different		
City	State		Zip
Phone		Work Phone	
Other members of	household include proof of de	pendency for minor child	Iren
Last Name	First Name	Middle	Relationship
Employer(s) of all t	hose listed above		
Name	Supervisor	Address	Phone

Reason for request for dona If request is for a child, plea	ation. A quote for any item of service must be see include their age.	e included with this application.	
Amount requested	What will these	What will these funds be used for?	
Does the individual/family assistance or aid for the abo			
If yes, list source(s), such as	insurance, donations, etc.		
Assets cash			
Banking institution	Account number	Amount \$	
		\$	
		\$	
Assets real estate, partially of	or wholly-owned		
Description	County/location	Market value	
		\$	
		\$ \$	
Assets securities			
Description	Identification number	Value	
		*	
		\$ \$	
		5 \$	
C+	atement of financial conditions current as o	f	
31	atement of imancial conditions current as o	date	

Liabilities notes payable

Lender's name	Lender's address	Amount owed
		\$
		\$
		\$
Liabilities mortgage		
Mortgagor's name	Mortgagor's address	Amount owed
		\$
		\$
		\$
Liabilities other debt		
Туре		Amount owed
		\$
		\$
		\$
	Total liabilities	\$
Manthly avecase		
Monthly expenses		
Housing	Rent	\$
	Own	\$
Utilities	Electric	\$
	Gas/water/sewer	\$
	Phone	\$
	Internet/cable	\$
Transportation	Car payment	\$
	Fuel	\$
Insurance	Medical	\$
	Life	\$
	Auto	\$
Food/personals		\$
Loan/saving/investment		\$
Other		\$
	Total expenses	\$

Sources of monthly income

Salary(ies) (list all emp	oloyers)	<u>\$</u>	
Bonus/tips	/commission	<u>\$</u>	
		\$	
Farm incor	ne	\$	
Other		\$	
		<u>\$</u>	
		<u>\$</u>	
		\$	
		Total monthly income \$	
	Address Name Address	City, State, Zip Phone City, State, Zip Phone	
	Address	City, State, Zip	
	from the Foundation on that the information pro undersigned represents complete and that the F true and correct until a	d in this statement is for the purpose of obtaining funding chalf of the undersigned. The undersigned understands ded herein is used in deciding to donate funds, and the nd warrants that the information provided is true and undation may consider this statement as continuing to be itten notice of a change is provided. The Foundation is quiries they deem necessary to verify the accuracy of the	
		Printed name of applicant	
		Signature of applicant	Date