

ALBEMARLE COMMUNITY TRUST
Post Office Box 69
Hertford, NC 27944
(252) 426-5735

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

1. Name _____
Last First Middle

2. Other Members of Household:

	Last Name	First	Middle	Relationship
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) _____ Supervisor _____
Name

_____ Phone _____
Address

(2a) _____ Supervisor _____
Name

_____ Phone _____
Address

(2b) _____
Name

Supervisor

Address

Phone

(2c) _____
Name

Supervisor

Address

Phone

(2d) _____
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. Has individual or family received funding from ACT in the past? Yes _____ No _____

If yes, please list the date and amount of the funding.

9. Has individual or family been denied funding by ACT for any reason in the past?

Yes _____ No _____

If yes, please describe why.

10. Statement of Financial Condition as of _____, 20____.

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 Receivable, 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	_____	\$ _____
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Dividends & Interest	_____	\$ _____
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Real Estate Income	_____	\$ _____
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Farm Income	_____	\$ _____
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Other: (Please State: Alimony, Child Support, Other)

_____	\$ _____
Type	

_____	\$ _____
Type	

_____	\$ _____
Type	

_____	\$ _____
Type	

TOTAL SOURCES OF MONTHLY INCOME \$ _____

11. Please list three references. (May not be a director or employee of Albemarle Electric Membership Corporation or the Albemarle Community Trust.)

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 Albemarle Community Trust 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 Albemarle Community Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Albemarle Community Trust 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