

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

**APPLICATION FOR GRANT REQUEST
TO AN INDIVIDUAL AND/OR FAMILY**

Grant Request: Please provide as many details as possible, including why this should be considered an worthy grant request. ACT will ONLY pay directly to a bank or organization that is owed. A specific amount must be included. There is a \$1,500 maximum for previous 12 months. Attach any supporting documents you may have. A copy of the fire report must be included for house fire requests. **ELECTRIC UTILITY BILLS MUST BE EXCLUDED FROM GRANT REQUEST.**

If you are unable to provide some information, please indicate why. Attach additional pages as necessary to complete.

1. Name: _____
Last First Middle

2. Address: _____
Street or Post Office Box

City or Town State Zip Code

3. Phone Number: _____
Home Work Mobile

4. Employer of applicant:

Name Supervisor

Address Phone

5. Other Members of Household:

Name	Relationship	Employer	Employer Contact
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

6. **Amount being requested** (\$1,500 maximum for previous 12 months) _____

7. **Reason for Grant Request** :(Include the reason this request should be considered an emergency. ACT will ONLY pay directly to a bank or organization that is owed. Please indicate the organization to be paid, include copies of invoices and/or account numbers.)

8. **Is the individual or family receiving any other form of assistance or aid for above stated request** (donations, insurance, church, etc.)? Yes _____ No _____

If yes, please include list:

9. **Has the individual or family received ACT funding in the past?** Yes _____ No _____

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

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

If yes, please describe why.

Yes _____ No _____

11. Statement of Financial Condition of entire household as of _____, 20 ____.

----- **Personal Assets** -----

Cash _____ \$ _____
 Banking Institution _____ Acct. No. _____
 _____ \$ _____

Real Estate _____ \$ _____
 Address – Partial or Wholly Owned _____ County _____
 _____ \$ _____

Securities _____ \$ _____
 Description _____ Identification Number _____
 _____ \$ _____

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

_____ \$ _____
 Type _____ Account Number _____
 _____ \$ _____
 _____ \$ _____

Total Assets \$ _____

----- **Monthly Income** -----

Salary: Employer _____ \$ _____
 Employer _____ \$ _____
 Employer _____ \$ _____

Bonus, Tips, & Commissions _____ \$ _____

Dividends & Interest _____ \$ _____

Real Estate Income _____ \$ _____

Farm Income _____ \$ _____

Other: (please state: Alimony, Child Support, Disability, Retirement, Other)
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Monthly Income \$ _____

-----**Liabilities**-----

Notes Payable	Lender	Contact	\$	
			\$	
			\$	
Mortgage	Mortgagor	Contact	\$	
			\$	
			\$	
Other Debt (Taxes, Bills Outstanding, Other)	Type	Contact	\$	
			\$	
			\$	
Total Liabilities			\$	

-----**Monthly Expenses**-----

Housing	-----Mortgage	___	Rent	___	\$		
Food	-----					\$	
Utilities	Electric: \$	Gas: \$	Water/Sewer: \$	Phone: \$	Total: \$		
Transportation	-----Car Payments: \$					Fuel: \$	
Insurance	Medical: \$	Life: \$	Auto: \$	Total: \$			
Medical	Doctors: \$	Hospital: \$	Medication: \$	Total: \$			
Credit Cards	-----					\$	
Loans	Lender	Contact				\$	
						\$	
Taxes	Tax Agency	Contact				\$	
						\$	
Other	Type	Contact				\$	
						\$	
Total Monthly Expense						\$	

REFERENCES

Please list three references. (Only one may be a family member. May not be a director or employee of Albemarle Electric Membership Corporation or the Albemarle Community Trust.)

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 Albemarle Community Trust on behalf of the undersigned and will be kept in the strictest confidence. 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. Board decisions are final and reasons for Board decisions will NOT be given to anyone, including the applicant.

Signature of Applicant/Recipient

Signature of Spouse

Date