

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

**Supplemental Financial Data for Organization**

1. Organization Name \_\_\_\_\_

2. Date \_\_\_\_\_

3. Address: \_\_\_\_\_  
Street or Post Office Box  
\_\_\_\_\_  
City or Town State Zip Code

4. Is Organization receiving any other form of assistance or aid for stated request (donations, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

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

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

**ASSETS**

**AMOUNTS**

**Cash**

Banking Institution \_\_\_\_\_

\$ \_\_\_\_\_

Banking Institution \_\_\_\_\_

\$ \_\_\_\_\_

Banking Institution \_\_\_\_\_

\$ \_\_\_\_\_

**Real Estate**

Partial or Wholly Owned \_\_\_\_\_ County \_\_\_\_\_

\$ \_\_\_\_\_  
Market Value

Partial or Wholly Owned \_\_\_\_\_ County \_\_\_\_\_

\$ \_\_\_\_\_  
Market Value

**Securities**

\_\_\_\_\_  
Description

\$ \_\_\_\_\_  
Value

\_\_\_\_\_  
Description

\$ \_\_\_\_\_  
Value

\_\_\_\_\_  
Description

\$ \_\_\_\_\_  
Value

**Other Assets:** (State Type: Loans Receivable, Insurance (Cash Value) etc. Include description)

\_\_\_\_\_  
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**

Facility Mortgage \_\_\_\_ Rent \_\_\_\_ \$ \_\_\_\_\_

Utilities Electricity \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Transportation Automobile Payments \$ \_\_\_\_\_

Gasoline \$ \_\_\_\_\_

Insurance Liability \$ \_\_\_\_\_

Automobile \$ \_\_\_\_\_

Loans (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Taxes (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses \_\_\_\_\_ \$ \_\_\_\_\_  
 (Specify) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

**SOURCES OF MONTHLY INCOME** **AMOUNTS**

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

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

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

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

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

6. Please list three references. (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. 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.**

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**Signature of Organization Representative**

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**Date**