

## Operation Round Up A community service program from

Heartland REMC

## **Grant Application**

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

	Last		First		Middle
Oth	er Members of H	ousehold:			
a.	Last Name	First	Middle	 Relationship	
<b>)</b> .	Last Name	rnst	Middle	Relationship	
	Last Name	First	Middle	Relationship	
c.	Last Name	First	Middle	Relationship	
1.	Last Name	First	Middle	Relationship	
e.	Last Name	First	Middle	Relationship	
Add	Residence A	Address		Mailing Address	3
Add				Mailing Address State	
	Residence A  City or Tow  ne Number:	vn		State	Zip Code
Pho	Residence A  City or Tow  ne Number:	vn Home	2 above:		
Phor Emp	Residence A  City or Tow  ne Number:	vn Home	2 above:	State	
Phor Emp	Residence A  City or Tow  ne Number:	vn Home	2 above:	State	
Phor Emp	Residence A  City or Tow  ne Number:	vn Home	2 above:	State	
Pho	Residence A  City or Tow  ne Number:  ployer of those in  Employer  Address	vn Home	2 above:	State  Work  Supervisor	

Employer   Supervisor	Phone Supervisor Phone Supervisor Phone Supervisor Phone amount requested and specific use of fund r form of assistance or aid for above	(40)		
Employer   Supervisor	Supervisor  Phone  Supervisor  Phone  Supervisor  Phone  amount requested and specific use of functions of assistance or aid for above	,	Employer	Supervisor
Employer  Address  Phone  (2d)  Employer  Address  Phone  (2e)  Employer  Employer  Address  Phone  Supervisor  Address  Phone  Supervisor  Flone  Supervisor  Is individual of family receiving any other form of assistance or aid stated request (donation, insurance, etc.)? Yes No	Phone  Supervisor  Phone  Supervisor  Phone  amount requested and specific use of functions of assistance or aid for above		Address	Phone
Employer   Supervisor	Supervisor  Phone  Supervisor  Phone  amount requested and specific use of functions of assistance or aid for above	(2c)	Employer	Supervisor
Employer  Address  Phone  (2e)  Employer  Supervisor  Address  Phone  Reason for Request for Donation: (Include amount requested and specific  Is individual of family receiving any other form of assistance or aid stated request (donation, insurance, etc.)? Yes No	Phone Supervisor Phone amount requested and specific use of funders of the specific use of funders of the specific use of the		Address	Phone
Employer   Supervisor   Phone	Supervisor  Phone  amount requested and specific use of fund  r form of assistance or aid for above	(2d)	Employer	Supervisor
Reason for Request for Donation: (Include amount requested and specific  Is individual of family receiving any other form of assistance or aid stated request (donation, insurance, etc.)? Yes No	amount requested and specific use of fundamental representation of assistance or aid for above		Address	Phone
Reason for Request for Donation: (Include amount requested and specific  Is individual of family receiving any other form of assistance or aid stated request (donation, insurance, etc.)? Yes No	amount requested and specific use of fundamount requested and specific use of specific use of fundamount requested and specific use of specific	(2e)	Employer	Supervisor
Reason for Request for Donation: (Include amount requested and specific  Is individual of family receiving any other form of assistance or aid stated request (donation, insurance, etc.)? Yes No	amount requested and specific use of fundamental specific use of specific use of fundamental specific use of specific		Address	Phone
stated request (donation, insurance, etc.)? Yes No				
stated request (donation, insurance, etc.)? Yes No				
stated request (donation, insurance, etc.)? Yes No				
		stated	d request (donation, insurance,	
		stated	d request (donation, insurance,	
		stated	d request (donation, insurance,	

<u>ASSETS</u>			AMOU
Cash			\$
	Banking Institution	Acct. No.	
	Darling Institution	A - d Nt-	\$
	Banking Institution	Acct. No.	ф
	Banking Institution	Acct. No.	\$
Real Estate			\$
	Partial or Wholly Owned	County	Market
			\$
	Partial or Wholly Owned	County	Market
	Partial or Wholly Owned	County	\$ Market
C :	•	·	Ф
Securities	Description	Identification No.	\$ Valu
			\$
	Description	Identification No.	Valu
			\$
	Description	Identification No.	Valı
Loan Receiv	vables (State Type: Persona vable, Auto, Life Insurance s. Include description, acco	(Cash Value)	
	Type		\$Valu
			\$
	Туре		ΨValu
			\$
	Туре		Valu
			\$
	Туре		Valu

<u>LIABILITIES</u>		AMOUNTS
Notes Payable		\$
<i>J</i> ———	Lender's Name	
	Lordod-Norra	\$
	Lender's Name	Φ.
	Lender's Name	\$
		\$
	Lender's Name	Ψ
		\$
	Lender's Name	
	Lender's Name	\$
Mortgage		\$
	Mortgagor's Name	Ψ
		\$
	Mortgagor's Name	•
	Mortgagor's Name	\$
		\$
	Mortgagor's Name	Ψ
Other Debt (State Ty		
Bills Outstanding, O	ther)	
		\$
	Туре	
	Type	\$
	Турс	
	Type	\$
	1390	
	Type	\$
TOTAL LIABILITIE	ES	\$

THLY EXPENSES		AMOU
Housing	Mortgage Rent	\$
Food		\$
Utilities	Electricity	\$
	Gas	\$
	Telephone	\$
Transportation	Automobile Payments	\$
	Gasoline	\$
Insurance	Medical	\$
	Life	\$
	Automobile	\$
Medical	Doctors	\$
	Hospitals	\$
	Medication	\$
Charge Accounts		\$
(Specify)		\$
		\$
		\$
Loans (Specify)		\$
		\$
		\$
Taxes (Specify)		\$
		\$
		\$
		\$
Other Expenses		\$
(Specify)		\$
		\$

RCES OF MONTHLY IN	COME		AMOUNTS		
Salary			\$		
Bonus, Tips, & Commiss	sions		\$		
Dividends & Interest			\$		
Real Estate Income			\$		
Farm Income			\$		
Other: (Please State: Ali	mony, Child Support,	Other)			
			\$		
	Туре		\$		
	Type		'		
	Type		\$		
	Type		\$		
TOTAL SOURCES OF	MONTHLY INCOME	E	\$		
Please list three references. (May not be a director or employee of Heartland REMC or the Heartland REMC Operation Round Up® Trust.)					
Name		Phone			
Address	City	State	Zip Code		
Name		Phone			
Address	City	State	Zip Code		
Name		Phone			
Address	City	State			
	Salary Bonus, Tips, & Commiss Dividends & Interest Real Estate Income Farm Income Other: (Please State: Ali  TOTAL SOURCES OF I  Please list three reference REMC or the Heartland I  Name  Address	Bonus, Tips, & Commissions  Dividends & Interest  Real Estate Income  Farm Income  Other: (Please State: Alimony, Child Support,  Type  Type  Type  Type  Type  Type  Type  Total Sources of Monthly Income  Please list three references. (May not be a direct REMC or the Heartland REMC Operation Roundless  Name  Address  City  Name	Salary  Bonus, Tips, & Commissions  Dividends & Interest  Real Estate Income  Farm Income  Other: (Please State: Alimony, Child Support, Other)  Type  Type  Type  Type  Type  Type  Type  Total Sources of Monthly income  Please list three references. (May not be a director or employee of REMC or the Heartland REMC Operation Round Up® Trust.)  Name  Phone  Address  City State		

The information contained in this statement is for the purpose of obtaining funding from the Heartland REMC Operation Round Up® 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 Heartland REMC Operation Round Up® Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Heartland REMC Operation Round Up® Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

SIGNATURE OF APPLICANT/RE	ECIPIENT
SIGNATURE OF SPOUSE	
DATE	

**Return completed form to:** 

Rachel Cruz Heartland REMC 350 Wedcor Ave. Wabash, IN 46992