

Northeast Oklahoma Electric Cooperative Foundation, Inc.

P. O. Box 948 - Vinita - Oklahoma - 74301
918-256-6405 • 800-256-6405



Application for Donation for Individual or Family

1. Name: _____

2. Mailing Address: _____

City State Zip

Physical Address (if different): _____

City State Zip

3. Other members of household: (include proof of dependency for minor children)

Last Name	First Name	Middle	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Phone: _____ work _____ home _____ cell
(Where you can be reached at any time)

5. Employer(s) of those listed in items 1 and 3 above:

Name Supervisor

Address Phone

Name

Supervisor

Address

Phone

Name

Supervisor

Address

Phone

Name

Supervisor

Address

Phone

Name

Supervisor

Address

Phone

6. Reason for the request for a donation: (Include the amount requested and the specific use. If request is for a child, include age. A quote for any item or service must be included with this application.)

7. Does individual or family receive any other form of assistance or aid for the above-stated request? _____ Yes _____ No If yes, list source(s), such as insurance, donations, etc.

8. Statement of financial condition as of _____ (date)

ASSETS

Cash

_____	_____	\$ _____
Banking Institution	Account Number	Amount
_____	_____	\$ _____
Banking Institution	Account Number	Amount
_____	_____	\$ _____
Banking Institution	Account Number	Amount

Real Estate (partially or wholly-owned)

_____	_____	\$ _____
Description	County/Location	Market Value
_____	_____	\$ _____
Description	County/Location	Market Value
_____	_____	\$ _____
Description	County/Location	Market Value

Securities

_____	_____	\$ _____
Description	Identification Number	Value
_____	_____	\$ _____
Description	Identification Number	Value
_____	_____	\$ _____
Description	Identification Number	Value

TOTAL ASSETS

\$ _____

LIABILITIES

Notes Payable

_____	\$ _____
Lender's Name	Amount Owed

Lender's Address	

MONTHLY EXPENSES

Housing	Own _____ Rent _____	\$ _____
Food		\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
Transportation	Automobile Payment	\$ _____
	Gasoline	\$ _____
Insurance	Medical	\$ _____
	Life	\$ _____
	Automobile	\$ _____
Charge Accounts	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Loans	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Taxes	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Other (Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL MONTHLY EXPENSES		\$ _____

SOURCES OF MONTHLY INCOME

Salary(ies) _____ \$ _____
(List all employers)

Bonus, tips, and commissions \$ _____

Real Estate Income \$ _____

Farm Income \$ _____

Other (Please state source, such as alimony, child support, etc.)
_____ \$ _____

Type _____

_____ \$ _____

Type _____

_____ \$ _____

Type _____

TOTAL MONTHLY INCOME \$ _____

9. Please list three references. References may not be a director or employee of Northeast Oklahoma Electric Cooperative, Inc., or Northeast Oklahoma Electric Cooperative Foundation, Inc. ("Foundation").

Name Phone

Address City, State, Zip

Name Phone

Address City, State, Zip

Name Phone

Address City, State, Zip

The information contained in this statement is for the purpose of obtaining funding from the Foundation on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding to donate funds, and the undersigned represents and warrants that the information provided is true and complete and that the Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Printed Name of Applicant

Signature of Applicant

Signature of Spouse

Date