

# Intercounty Charitable and Educational Foundation

PO Box 209

Licking, Missouri 65542

toll-free 866-621-3679, fax 573-674-2985

Attn: *Operation Round Up* Coordinator

## Application For Donation For Individual and/or Family

**Note:** *Please type or print clearly with dark ink.* It is extremely important that you completely fill out this application. Provide all information requested, including address, telephone numbers, contact person, etc. **Incomplete applications will automatically be denied assistance.**

1. Name: \_\_\_\_\_  
Last First Middle Marital Status

2. Reason for request for donation (please be specific in the amount of request and how it would be used).

Amount \$ \_\_\_\_\_

Intended use of requested funds: \_\_\_\_\_

\_\_\_\_\_

3. List all household members and dependents (**include ages**):

Name Relationship Age

Name Relationship Age

Name Relationship Age

Name Relationship Age

Name Relationship Age

4. Physical address of residence: \_\_\_\_\_

City/Town State Zip Code County Years at this residence

Mailing address (if different): \_\_\_\_\_

5. E-mail address: \_\_\_\_\_

6. Phone Numbers: \_\_\_\_\_  
Home Cell

Work Message

7. Are you currently employed? \_\_\_\_\_ If not, please explain why? \_\_\_\_\_

If disabled, describe your disability: \_\_\_\_\_

\_\_\_\_\_ Years disabled: \_\_\_\_\_

8. Employment history for applicant (list present or most recent position first):

Use separate sheet if required to supply information on more than two employable individuals living in the household.

Name of employer	Address	Job Title
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Supervisor	Phone no.	Dates of employment	Salary/Wage
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Name of employer	Address	Job Title
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Supervisor	Phone no.	Dates of employment	Salary/Wage
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Employment history for spouse or other household member (list present or most recent position first):

Name of employer	Address	Job Title
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Supervisor	Phone no.	Dates of employment	Salary/Wage
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Name of employer	Address	Job Title
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Supervisor	Phone no.	Dates of employment	Salary/Wage
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9. Type of medical coverage (please circle): Private Insurance    Medicaid    Medicare    Self-Pay

10. Explain the circumstances that have prompted your need for assistance. Attach at least two written bids, quotes, or estimates if request is for assistance with repair or replacement of items.

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

11. List all other social service agencies/organizations (Family Services, Ozark Independent Living, MOCA, Food Pantry, etc.) you have contacted in the last six months (list any amounts received).

Name	Contact Person	Phone	Amount Received
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Name	Contact Person	Phone	Amount Received
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Name	Contact Person	Phone	Amount Received
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*Use the back of the form if needed for additional agencies/organizations. You should include all agencies and organizations from which you have requested help, even if you haven't yet received the assistance.*

12. **ASSETS**--What you own

**Amounts**

**Cash**

Banking Institution	Checking Acct. No.	\$ _____
Banking Institution	Savings Acct. No.	\$ _____
Banking Institution	Acct. No.	\$ _____

**Real Estate** (Include all "physical property," such as house, mobile home, land)

_____	_____	\$ _____
Type	County	Value
_____	_____	\$ _____
Type	County	Value

**All Other Assets** (State type: vehicles, personal property, cash value of life insurance, etc.)

_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value

**TOTAL VALUE OF ASSETS**

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

13. **SOURCES OF MONTHLY INCOME**

	SELF	SPOUSE	OTHER
Earnings for household--salaries, self employment, etc.	\$ _____	\$ _____	\$ _____
Bonus, tips, and commission	\$ _____	\$ _____	\$ _____
Social Security benefits--to include SSI and disability	\$ _____	\$ _____	\$ _____
Public Assistance Compensation	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Other--list all other sources of income			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

14. **MONTHLY EXPENSES**--Identify amounts you pay each month

		Avg. Monthly Amount	Any Amount Past Due
<b>Housing</b>	Mortgage _____ Rent _____	\$ _____	\$ _____
If renting, please list landlord's name, address, and phone number: _____ _____			
What amount does HUD pay? _____			
<b>Food</b>		\$ _____	\$ _____
<b>Utilities</b>			
	Electricity	\$ _____	\$ _____
	Gas/Propane	\$ _____	\$ _____
	Telephone	\$ _____	\$ _____
	Cell Phone	\$ _____	\$ _____
	Water/Sewer	\$ _____	\$ _____
	Trash	\$ _____	\$ _____
<b>Transportation</b>			
	Vehicle Payment	\$ _____	\$ _____
	Gasoline	\$ _____	\$ _____
<b>Insurance</b>			
	Medical	\$ _____	\$ _____
	Life	\$ _____	\$ _____
	Motor Vehicle	\$ _____	\$ _____
	Homeowner's/Rental	\$ _____	\$ _____
<b>Medical</b>			
	Doctors	\$ _____	\$ _____
	Hospital	\$ _____	\$ _____
	Medication	\$ _____	\$ _____
<b>Charge Accounts</b> (specify: MC, Visa, JC Penny, etc.)			
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
<b>Loans</b> (specify)			
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
<b>Taxes</b> (specify)			
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
<b>Other Expenses</b> (payments you make such as Internet, cable/ satellite TV, daycare, child support, alimony, etc.)			
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>		<b>\$ _____</b>	

15. **LIABILITIES**--Amounts you owe

**Notes Payable** (car or student loans, credit card debts, personal loans, etc)

**Amount Owed**

_____		\$ _____
Lender's Name	Lender's Address	
_____		\$ _____
Lender's Name	Lender's Address	
_____		\$ _____
Lender's Name	Lender's Address	

**Mortgage** (house or property)

_____			\$ _____
Lender's Name	Lender's Address	Loan No.	
_____			\$ _____
Lender's Name	Lender's Address	Loan No.	

**All Other Debts** (State type: personal property and real estate taxes, outstanding bills, etc.)

_____		\$ _____
	Type	
_____		\$ _____
	Type	
_____		\$ _____
	Type	

**TOTAL AMOUNT OWED** \$ \_\_\_\_\_

16. **REFERENCES**

Please list three references (May not be a director or employee of Intercounty Electric Cooperative or the Intercounty Charitable and Educational Foundation).

_____			
Name	Phone	Relationship to Applicant	
_____			
Address	City	State	Zip Code
_____			
Name	Phone	Relationship to Applicant	
_____			
Address	City	State	Zip Code
_____			
Name	Phone	Relationship to Applicant	
_____			
Address	City	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Intercounty Charitable and Education Foundation 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 Intercounty Charitable and Educational Foundation may consider this statement as continuing to be true and correct until a written notice of a change is provided. **The Intercounty Charitable and Educational Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.**

\_\_\_\_\_  
Applicant's Social Security No.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Spouse's Social Security No.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date