

Cuming County Public Power District Operation Round Up® Fund 500 South Main Street

P.O. Box 256 West Point NE 68788 402-372-2463 or 877-572-2463

Email: nwhite@ccppd.com

Website: www.ccppd.com (applications can also be filled out online)

Individual or Family Application

* Please fill out in detail and in full. Incomplete applications may be excluded.

1. Name:			
	Last	First	Middle
2. Address: _			
	Street or Post Office	Box	
_	City or Town	State	Zip Code
3. Phone Nu	ımber(s):	Work Home	
		Nork Home	Cell
4. Amount I	Requested: \$		
5. Individua	l Recipient of the (Grant:	
6. Date and	Time of Benefit: _		
7. List other	sources of funding	g you have requested for this individual	:



	eded.	
oloyer of those listed in Numl	per 1 on previous page:	
oloyer of those listed in Numl		
Name Address	Supervisor Phone	
Name	Supervisor Phone	
Name Address Name	Supervisor Phone Supervisor	
Name Address	Supervisor Phone	
Name Address Name	Supervisor Phone Supervisor Phone	
Name Address Name	Supervisor Phone Supervisor	
Name Address Name Address	Supervisor Phone Supervisor Phone	
Name Address Name Address Name	Supervisor Phone Supervisor Phone Supervisor	
Name Address Name Address Name	Supervisor Phone Supervisor Phone Supervisor	
Name Address Name Address Name Address	Supervisor Phone Supervisor Phone Supervisor Phone	



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	of Financial Condition as of	Date	, Year	
ASSE7	TO.			
				AMOUNTS
	Banking Institution		Acct. No.	<u>AMOUNTS</u> \$
	Banking Institution		Acct. No.	
	Banking Institution  Banking Institution			\$
Cash	Banking Institution  Banking Institution  Banking Institution		Acct. No.	\$ \$
Cash	Banking Institution  Banking Institution  Banking Institution		Acct. No.	\$ \$
Cash	Banking Institution  Banking Institution  Banking Institution		Acct. No.	\$\$ \$\$
Cash	Banking Institution  Banking Institution  Banking Institution  State		Acct. No.  Acct. No.	\$\$ \$\$ \$\$ \$\$  Market Value  Market Value
Cash	Banking Institution  Banking Institution  Banking Institution  State  Partial or Wholly Owned		Acct. No.  Acct. No.  County	\$\$ \$\$ \$\$ \$  \$  Market Value \$
Cash Real E	Banking Institution  Banking Institution  Banking Institution  Estate  Partial or Wholly Owned  Partial or Wholly Owned  Partial or Wholly Owned		Acct. No.  Acct. No.  County  County	\$ \$ \$ \$ \$ Market Value \$ Market Value \$ Market Value
Cash Real E	Banking Institution  Banking Institution  Banking Institution  Estate  Partial or Wholly Owned  Partial or Wholly Owned  Partial or Wholly Owned		Acct. No.  Acct. No.  County  County	\$ \$ \$ \$ \$ \$ Market Value \$ Market Value \$ Market Value \$ Value
Cash  Real E	Banking Institution  Banking Institution  Banking Institution  Estate  Partial or Wholly Owned  Partial or Wholly Owned  Partial or Wholly Owned  Partial or Wholly Owned		Acct. No.  Acct. No.  County  County  County	\$ \$ \$ \$ \$ \$ Market Value \$ Market Value \$ Market Value \$



Other Receivables: (State Type: Personal Property, Loan receivables, Auto, Life Insurance (Cash Value), Other Assets, Include description, account number, etc.)

Type		Value
Type		 Value
		\$
Туре		Value
Type		\$ Value
TOTAL ACCETC		ф
TOTAL ASSETS		\$
<u>LIABILITIES</u>		<u>AMOUNTS</u>
Notes Payable		\$
	Lender's Name	· · · · · · · · · · · · · · · · · · ·
	Lender's Address	
	Lender's Name	\$
	Lender's Address	
	Lender's Address	\$
	Lender's Name	
N	Lender's Address	ф.
Mortgage	Mortgagor's Name	\$
	Mortgagor's Address	**************************************
	Mortgagor's Name	
	Mortgagor's Address	ф.
	Mortgagor's Name	\$
	Mortgagor's Address	
Other's Debt (	State Type: Taxes, Bills Outstanding, Other)	\$
	Туре	<u></u>
	Type	\$
		<b></b> \$
	Туре	
TOTAL LIABILITIES		\$



MONTHLY EXPENSES		<u>AMOUNTS</u>
Housing	Mortgage Rent	\$
Food		\$
Utilities	Electricity	\$
	Gas	\$
	Phone	\$
Transportation	Automobile Payments	\$
•	Gasoline	\$
Insurance	Medical	\$
	Life	\$
	Automobile	\$
Medical	Doctors	\$
	Hospital	\$
	Medication	\$
Charge Accounts (s	pecify)	\$
0		\$
		\$
Loans (specify)		\$
(1 //		\$
		\$
Taxes (specify)		\$
\1 \/		\$
		\$
Other Expenses (s)	pecify)	\$
1		\$
		\$
		·
TOTAL MONTHLY EX	PENSES	\$
SOURCES OF MONTH	LY INCOME	AMOUNTS
		\$
Employers N		
- ·	nmissions	\$
Dividends & Inte	rest	\$
	ne	\$
		\$
Other: (Please sta	ate: Alimony, Child Support, Other)	·
•	7, 11	\$
Type		'
		\$
Type		
		\$
Type TOTAL SOURCES OF N	MONTHLY INCOME	¢
TO TAL SOUNCES OF I	TOTALITEL INCOME	φ



## 12. Please list three references:

Name			Phone
Address	City	State	Zip Code
Name			Phone
Address	City	State	Zip Code
Name			Phone
Address	City	State	Zip Code
Public Power Distr that the informatio warrants that the in Operation Round written notice of ch	ict Operation Round Up® Fund on provided herein is used in dec nformation provided is true and Up® Fund board members may on nange is provided. The Cuming	the purpose of obtaining funding for on behalf of the undersigned. Each ciding to grant funding, and each use complete and that the Cuming Coconsider this statement as continuity Public Power District Operary to verify the accuracy of the statement as continuity.	n undersigned understands indersigned represents and bunty Public Power District ing to be true and correct until ration Round Up® Fund is
		Signature	
		Print Name	
		Date	

The Cuming County Public Power District Operation Round Up Board Members meet twice a year to decide on grant applications. Applications received by the time of the meeting will be considered if filled out completely and specifically. For convenience, applications should be received by mid-March and mid-September so they can be copied and sent to board members. The board normally meets the end of March and the end of September.

Funding for Operation Round Up comes from Cuming County Public Power District customers rounding their bill to the next dollar.