



Cuming County Public Power District
Operation Round-Up® Fund
500 South Main Street/ P.O. Box 256
West Point, Nebraska 6878
(402) 372-2463

Application for donation for Individual/Family

1. Name: _____
Last First Middle

2. Address: _____
Street or Post Office Box

City, State, Zip Code

3. Phone Number: _____
Work Home

4. Amount Requested: \$ _____

5. Individual Recipient of the Grant: _____

6. Date and Time of Benefit: _____

7. List other sources of funding you have requested for this individual:

10. Reason for Request for Donation: (include amount requested and specific use of funds.)

11. Statement of Financial Condition as of _____, _____.
Date Year

<u>ASSETS</u>		<u>AMOUNTS</u>
Cash	_____	\$ _____
Banking Institution	Acct.No.	
	_____	\$ _____
Banking Institution	Acct.No.	
	_____	\$ _____
Banking Institution	Acct.No.	
	_____	\$ _____
Real Estate	_____	\$ _____
Partial or Wholly Owned	County	Market Value
	_____	\$ _____
Partial or Wholly Owned	County	Market Value
	_____	\$ _____
Partial or Wholly Owned	County	Market Value
Securities	_____	\$ _____
Description	Identification No.	Value
	_____	\$ _____
Description	Identification No.	Value
	_____	\$ _____
Description	Identification No.	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
_____	\$ _____
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

Lender's Address

Other Debt (State Type: Taxes, Bills Outstanding, Other)

_____ \$ _____

Type

_____ \$ _____

Type

_____ \$ _____

Type

TOTAL LIABILITIES \$ _____

MONTHLY EXPENSES

AMOUNTS

Housing	Mortgage ____ Rent ____	\$ _____
Food		\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
	Automobile Payments	\$ _____
Transportation	Gasoline	\$ _____
	Medical	\$ _____
Insurance	Life	\$ _____
	Automobile	\$ _____
	Doctors	\$ _____
Medical	Hospital	\$ _____
	Medication	\$ _____
	Charge Accounts (specify)	_____
	_____	\$ _____
	_____	\$ _____
Loans (specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Taxes (specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Other Expenses (specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

TOTAL MONTHLY EXPENSES \$ _____

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary _____	\$ _____
Employer's Name _____	
Bonus, Tips, Commissions _____	\$ _____
Dividends & Interest _____	\$ _____
Real Estate Income _____	\$ _____
Farm Income _____	\$ _____
Other: (Please state: Alimony, Child Support, Other)	
_____	\$ _____
Type _____	
_____	\$ _____
Type _____	
_____	\$ _____
Type _____	

TOTAL SOURCES OF MONTHLY INCOME \$ _____

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

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

Signature

Print Name

Date

The Cuming County Public Power District Operation Round-Up® Fund Board Members meet twice a year to decide on grant applications. Applications received by the time of the meeting will be considered. 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.

Send all applications to: Nicki White
 Customer Service
 Cuming County Public Power District
 PO Box 256
 500 South Main Street
 West Point, NE 68788
 nwhite@ccppd.com