

Crawford Electric Charitable Trust

PO Box 10

Bourbon, MO 65441

VOICE: 573-732-4415 or 1-800-677-2667 FAX: 573-732-5409

Attn: Travis Mowers, Operation Round Up Coordinator

NOTE: Provide all information requested. Incomplete applications will automatically be denied assistance.

Individual Application for Emergency Funding

(Please type or print neatly)

1. Name: _____

2. Crawford Electric Account Number: _____

3. Address: _____

Street or Post Office Box

City or Town

State

ZIP

County

Home Phone

Alternate Phone

List all household members or dependents (include ages):

3a. Name of person making the request (if different from recipient) _____

Relationship to recipient: _____

Daytime phone number: _____

4. \$ amount of request: _____ Identify payee(s) in Item No. 11 on last page of this application.

5. Reason for request (you may attach a separate page explaining your situation): _____

6. List all agencies/organizations from whom you have received assistance in the last six months:

Name	Amount	Contact Person	Phone
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Name	Amount	Contact Person	Phone
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Name	Amount	Contact Person	Phone
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Use the back of the form if needed for additional agencies/organizations. You should include all agencies/organizations from whom you've sought help, even if you have not yet received the assistance.

7. **Employment & Income Information** – for all people listed in Items No. 1 & No. 3. Use back of form or separate sheet if required to supply information on more than two people. Income from all household members must be accounted for.

PERSON NO. 1:

Are you currently employed? YES NO If not, please explain why: _____

Most recent place of employment: _____

How long have you worked there?: _____

Supervisor's Name: _____ Phone: _____

If disabled, describe your disability: _____

Sources of Income: (circle all that apply) Wages Tips Social Security SSI Welfare (AFDC)

Pension Alimony Unemployment Child Support Food Stamps Disability Investment Income

Approximate monthly income (from all sources): _____

SPOUSE OR OTHER ADULT HOUSEHOLD MEMBER:

Are you currently employed? YES NO If not, please explain why: _____

Most recent place of employment: _____

How long have you worked there?: _____

Supervisor's Name: _____ Phone: _____

If disabled, describe your disability: _____

Sources of Income: (circle all that apply) Wages Tips Social Security SSI Welfare (AFDC)

Pension Alimony Unemployment Child Support Food Stamps Disability Investment Income

Approximate monthly income (from all sources): _____

*Use back of form or additional page if required to supply
income information on more than two people.*

8. **Monthly EXPENSES** – Identify amounts you pay each month

			AMOUNTS
Housing	Mortgage _____	Rent _____	\$ _____
Food			\$ _____
Utilities		Electricity	\$ _____
		Gas	\$ _____
		Telephone	\$ _____
Transportation		Car Payments	\$ _____
		Gasoline	\$ _____
Insurance		Medical	\$ _____
		Life	\$ _____
		Vehicle	\$ _____
Medical		Doctors	\$ _____
		Hospital	\$ _____
		Medication	\$ _____
Charge Accounts	_____		\$ _____
(specify)	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
Loans (specify)	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
Taxes (specify)	_____		\$ _____
	_____		\$ _____
Other Expenses – payments you make, like child support, alimony (specify type)			
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
TOTAL MONTHLY EXPENSES			\$ _____

9. ASSETS – What you Own

Estimated Value of Your Personal Property

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

_____		\$ _____
Partial or Wholly Owned	County	Market Value
_____		\$ _____
Partial or Wholly Owned	County	Market Value
_____		\$ _____
Partial or Wholly Owned	County	Market Value

Personal Property – vehicles, valuables, loans receivable, cash value of life insurance

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

TOTAL VALUE OF ALL ASSETS

\$ _____

10. **LIABILITIES** – Debts that you owe

Notes Payable – car or student loans, short-term cash loans,
credit card debts

OUTSTANDING BALANCE

_____	_____	\$ _____
Lender's Name	Address (street, city, state, zip)	
_____	_____	\$ _____
Lender's Name	Address (street, city, state, zip)	
_____	_____	\$ _____
Lender's Name	Address (street, city, state, zip)	
_____	_____	\$ _____
Lender's Name	Address (street, city, state, zip)	
_____	_____	\$ _____
Lender's Name	Address (street, city, state, zip)	

Mortgage – on house or property

_____	_____	\$ _____
Mortgage Holder's Name	Address (street, city, state, zip)	
_____	_____	\$ _____
Mortgage Holder's Name	Address (street, city, state, zip)	

All Other Debts – Personal property & real estate taxes, outstanding bills

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

TOTAL LIABILITIES \$ _____

11. Please list below the name(s), address(es), phone number(s) and specific amount(s) due on the bills to be considered for payment. Attach copies of these billing statements. For any proposed construction or repair jobs, include **two (2) bids** with this application. Please authorize all service providers to release information to Trust Board members inquiring about your bills.

Name	Address	Phone	Amount

12. Is the recipient related to any of the Trust Board members? YES _____ NO _____

If yes, please explain: _____

13. Provide contact information for at least 2 people (non-relatives) who can provide a reference and additional information about your need for assistance. The Trust Board will check references.

Name	Contact Phone(s)	Relationship to Applicant

The information contained in this statement is for the purpose of obtaining funding from the Crawford Electric Charitable Trust. The undersigned understands that the information provided herein is used in deciding to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the Crawford Electric Charitable Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. **The Crawford Electric Charitable Trust is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.** Applicant will be notified in writing as to the outcome of the request after the monthly Trust Board meeting.

Signed

Date