



**Codington-Clark Electric Charitable Fund, Inc.**  
 PO Box 880  
 Watertown, SD 57201-0880  
 Phone # (605) 886-5848

**APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY**

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 (First/Middle/Last)

2. Other Members of Household:

	Name:(First/Middle/Last)	Age	Relationship
a)			
b)			
c)			
d)			
e)			

3. Address: \_\_\_\_\_

4. City/State/Zip: \_\_\_\_\_

5. Phone Number: \_\_\_\_\_

6. Employer of those in No. 1 and No. 2 above:

Employer	Address	Supervisor	Phone
1.			
2. Employer for Other Members of Household			
a.			
b.			
c.			
d.			
e.			

7. Reason for Request for Donation: *(Include amount requested and specific use of funds.)*

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8. Is individual of family receiving any other form of assistance or aid for above stated request?

YES       NO

*If YES, please indicate type of assistance ie. Food Stamps, AFDC, donations, insurance, etc.)*

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9. Statement of Financial Condition as of \_\_\_\_\_, 20\_\_

**ASSETS**

**Amounts**

**Cash**

Banking Institution	Account No.	
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Real Estate**

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

**Securities**

Description	Identification No.	Value
_____	_____	_____
_____	_____	_____

**Other Receivables**

*(State Type: Personal Property, Loan Receivable, Auto, Life Ins. (Cash Value),  
Other Assets; Include description, Account No., etc.)*

Type	Value
_____	_____

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Type	Value
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Type	Value
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**TOTAL ASSETS**

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**Total****LIABILITIES****Amounts****Notes Payable**

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Lender's Name	
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Lender's Address	
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Lender's Name	
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Lender's Address	
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Lender's Name	
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Lender's Address	
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**Mortgage**

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Mortgagor's Name	
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Mortgagor's Address	
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Mortgagor's Name	
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Mortgagor's Address	
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**Other Debt** (State Type: Taxes, Outstanding Bills, and Other)

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Type	
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Type	
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Type	
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**TOTAL LIABILITIES**

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**Total**

**MONTHLY EXPENSES**

**Amounts**

**Housing**

  

Mortgage  
or Rent

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**Food**

Food

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**Utilities**

Electricity

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Gas

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Telephone

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**Transportation**

Automobile Payments

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Fuel

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**Insurance**

Medical

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Life

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Automobile

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**Medical**

Doctors

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Hospital

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Medication

**Charge Accounts (Specify)**

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**Loans (Specify)**

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**Taxes (Specify)**

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**Other Expenses (Specify)**

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**TOTAL MONTHLY EXPENSES**

**Total**

**SOURCES OF MONTHLY INCOME**

**Amounts**

**Salary**

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**Bonus, Tips, & Commissions**

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**Dividends & Interest**

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**Real Estate Income**

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Farm Income \_\_\_\_\_

Other

Alimony \_\_\_\_\_

Child Support \_\_\_\_\_

Food Stamps \_\_\_\_\_

Social Security \_\_\_\_\_

SSI \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL SOURCES OF MONTHLY INCOME**

**Total**

10. Please list three references: (Must not be a director or employee of Codington-Clark Electric Cooperative, Inc.)

Name	Address	City/State/Zip	Phone
1.			
2.			
3.			

The information contained in this statement is for the purpose of obtaining funding from the Codington-Clark Electric Charitable Fund, Inc. 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 Codington-Clark Electric Charitable Fund, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Codington-Clark Electric Charitable Fund, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.



\_\_\_\_\_  
NAME OF APPLICANT/RECIPIENT

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

Deadline for submitting this application is February 15, 2017.