



Delta Montrose Electric Association

Charitable Trust

P.O. Box 910 Montrose, CO 81402

970-249-4572

APPLICATION FOR DONATION

FOR INDIVIDUAL AND/OR FAMILY

• 1. **APPLICANT**

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN OR PREVIOUS NAME	
ADDRESS OF RESIDENCE			CITY	STATE
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)			CITY	STATE
HOME PHONE		CELL PHONE	WORK PHONE	MESSAGE NUMBER
CONTACT PERSON OR REFERRING AGENCY	RELATIONSHIP	ADDRESS	PHONE NUMBER	

• 2. **HOUSEHOLD MEMBERS**

NAME <small>(List yourself and ALL household members)</small>	RELATIONSHIP TO YOU	AGE	DO YOU HAVE INCOME?		LIST EMPLOYER OR INCOME SOURCE
			YES	NO	
	SELF				

- 3. Amount of money you are requesting? _____ What is the full cost of this need? _____
- 4. Have you or any household member applied to this program before? Yes ___ No ___ If yes, when? _____
Did you receive money from the program? Yes ___ No ___ If yes, how much? _____
- 5. Please explain your request:

- 6. Are you paying expenses by a loan or a gift from a friend or relative? Yes _____ No _____
If your household income does not cover your basic living expenses explain how you are paying the following costs.

Rent _____ Utilities _____

Food _____ Other _____

- 7. What do you plan to do to help your situation?

8. Monthly Income	Amount	9. Monthly Expenses	Amount
Salary		Housing Rent _____ Own _____	
Salary of other household members		Food (do you receive food stamps? _____)	
Bonuses, tips, commissions		Utilities (did you receive LEAP? _____)	
Dividends and Interest		Insurance	
Real Estate Income		Medical	
Farm Income		Charge Accounts	
Social Security/Retirement/Pensions		Loans	
TANF/AND/OAP/AB/SSI/SSDI (Temporary Aid to Needy Families, Aid to Needy Disabled, Old Age Pension, Aid to the Blind, Supplemental Social Income, Social Security Disability Income)		Taxes	
Other (Child support, etc.) _____		Other Expenses _____	
TOTAL MONTHLY INCOME		TOTAL MONTHLY EXPENSES	

10. ASSETS (what you have)	AMOUNT	11. DEBTS (what you owe)	AMOUNT
CASH		TO:	
REAL ESTATE			
OTHER ASSETS _____			
DO YOU OWN A SECOND HOME? YES ___ NO ___			

- 12. If you are accepted, may we use your name for publication? Yes ___ No ___
(You may choose to remain anonymous. It will not affect our decision to help you.)

BY SIGNING, I WARRANT THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE AND THAT I MAY BE LIABLE FOR DAMAGES IF ANY STATEMENTS IN THIS APPLICATION ARE FALSE OR MISLEADING.

Signature of applicant

Date

Signature of spouse

Date

I FURTHER CERTIFY THAT I HAVE READ THE FOLLOWING: The information in this Application is for the confidential use of the Delta-Montrose Electric Association Charitable Trust and is given for the purpose of receiving funding from the Trust. By signing, I understand that the information provided is true in all respects and is being relied upon in deciding to award any grant to me. In addition, if circumstances change after the date this Application is submitted for consideration, then I have an affirmative duty to contact the Trust and update any information so that at all times the information is true and correct in all respects. I authorize the Board of the Trust to make all inquiries it deems necessary to verify the accuracy of the statements made in this Application.

Signature of applicant

Date

Signature of spouse

Date

Incomplete and/or unsigned applications will not be considered