



Choptank Electric Trust, Inc.

P.O. BOX 426, Denton MD 21629
1-877-892-0001 EXT. 7733

E-mail: laurieb@choptankelectric.coop
Fax: 410-749-9806

Application For Individual And/or Family

Incomplete applications will automatically be denied assistance.

Please complete all 4 pages of this application. Please type or print clearly with black or blue pen. The application must be received by the last day of the month in order to be reviewed the following month.

PLEASE NOTE: Recipients of Choptank Electric Trust grants have a 90-day period in which to use the grant. Funds not used by the individual within 90 (ninety) days following notification will be voided unless a board extension is requested and approved.

REQUEST

Amount Requested: _____ Date of Application: _____

Tell us how the fund will be used and explain the circumstances that have prompted this request :

PERSONAL INFORMATION

Please attach 2 (two) appropriate bids/estimates directly related to your request.

For dental work/hearing aids only one estimate is required.

Name of Applicant: _____
First Middle Last

Address: _____
Street or P.O. Box City State Zip Code County

Home Phone: _____ Work Phone: _____ Age of Applicant: _____

Email: _____

Select One: Own Rent

List other members of the household, including children (If children, give age):

PERSONAL REFERENCES

Please give three references from persons other than relatives. (References may not be given by a director or employee of Choptank Electric Cooperative or Choptank Electric Trust Inc. References may be contacted by a board member.)

1. Name: _____ Phone: _____

Address: _____

Occupation: _____ Relationship to Applicant: _____

2. Name: _____ Phone: _____

Address: _____

Occupation: _____ Relationship to Applicant: _____

3. Name: _____ Phone: _____

Address: _____

Occupation: _____ Relationship to Applicant: _____

EMPLOYMENT INFORMATION

Is the applicant currently employed? Yes No

If not, *PLEASE EXPLAIN WHY:* _____

Gross MONTHLY earnings (include **all employed** members of the household) _____

Employment History of the Applicant

Employer #1: _____ Supervisor: _____

Address: _____ Phone: _____

Dates of Employment: _____ Salary/Wage: _____

Employer #2: _____ Supervisor: _____

Address: _____ Phone: _____

Dates of Employment: _____ Salary/Wage: _____

Employment History of Others in the household - Name: _____

Employer #1: _____ Supervisor: _____

Address: _____ Phone: _____

Dates of Employment: _____ Salary/Wage: _____

Employer #2: _____ Supervisor: _____

Address: _____ Phone: _____

Dates of Employment: _____ Salary/Wage: _____

OTHER ASSISTANCE

List other social service agencies you have contacted (include name of contact person):

Is individual or family receiving any other form of assistance or aid (donations, insurance, etc.)?
 Yes No

If yes, please list:

OTHER INFORMATION

The Trust Board may need to table an application until the next meeting because of time constraints or insufficient information on the application.

Can your application be tabled? Yes No

Can you proceed with partial funding on this request? Yes No

Comments:

Financial Statement

Date of this statement _____

MONTHLY EXPENSES

Housing:	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Rent	\$ _____
	Food.....		\$ _____
Utilities:	Electricity.....		\$ _____
	Gas.....		\$ _____
	Telephone.....		\$ _____
	Water & Sewer.....		\$ _____
	Cable.....		\$ _____
	Internet.....		\$ _____
	Cell _____		\$ _____
	Other _____		\$ _____
Transportation:	Automobile Payments.....		\$ _____
	Gasoline.....		\$ _____
Insurance:	Home Owners/Renters insurance.....		\$ _____
	Medical.....		\$ _____
	Life.....		\$ _____
	Automobile.....		\$ _____
Medical:	Doctors.....		\$ _____
	Hospital.....		\$ _____
	Medication.....		\$ _____
Charge Account	_____		\$ _____
Payments (Specify):	_____		\$ _____
Loans Payments	_____		\$ _____
(Specify):	_____		\$ _____
Real Estate Taxes	_____		\$ _____
Other Expenses	_____		\$ _____
(Specify):	_____		\$ _____
	_____		\$ _____

MONTHLY INCOME

	Total gross earnings for Household.....	\$ _____
	Bonuses, Tips, & Commissions.....	\$ _____
	Social Security Benefits.....	\$ _____
	Farm Income.....	\$ _____
	Welfare (AFDC).....	\$ _____
	Food Stamps.....	\$ _____
	Alimony.....	\$ _____
	Child Support.....	\$ _____
	Other _____	\$ _____
	Other _____	\$ _____
	Other _____	\$ _____
TOTAL MONTHLY INCOME		\$ _____

Incomplete applications will automatically be denied assistance.

ASSETS

Cash on Hand:

Bank Name: _____ Checking Balance: \$ _____
Bank Name: _____ Checking Balance: \$ _____

Real Estate (list all property that you own, i.e.: house, mobile home, acreage):

Property #1: _____ Amount Owed: _____ Market Value: \$ _____
Property #2: _____ Amount Owed: _____ Market Value: \$ _____
Property #3: _____ Amount Owed: _____ Market Value: \$ _____

Other Assets (personal property, auto, life insurance - include description):

#1: _____ Amount Owed: _____ Cash Value: \$ _____
#2: _____ Amount Owed: _____ Cash Value: \$ _____
#3: _____ Amount Owed: _____ Cash Value: \$ _____
#4: _____ Amount Owed: _____ Cash Value: \$ _____

TOTAL ASSETS: _____

LIABILITIES

Notes Payable & Mortgage (list home loan, car loans, credit card debt, student loans):

Loan #1: _____ \$ _____
Lender Name & Address: _____
Loan #2: _____ \$ _____
Lender Name & Address: _____
Loan #3: _____ \$ _____
Lender Name & Address: _____

Other Debt (Taxes, Bills, Miscellaneous - Attach list if necessary):

Debt #1: _____ \$ _____
Debt #2: _____ \$ _____
Debt #3: _____ \$ _____
Debt #4: _____ \$ _____
Debt #5: _____ \$ _____
Debt #6: _____ \$ _____

TOTAL LIABILITIES: \$ _____

The information contained in this statement is for the purpose of obtaining funding from the Choptank Electric Trust, Inc., on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Choptank Electric Trust, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Choptank Electric Trust, Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Submit the completed application and related documents via:

Fax at 410.749.9806 or email at laurieb@choptankelectric.coop.

You may also mail the completed application to Choptank Electric Trust, Inc., P.O. Box 426, Denton, MD, 21629.

Choptank Electric Trust, Inc. on behalf of itself and its Board members, agents, employees, attorneys, and accountants specifically herein disclaims any responsibility for maintaining the confidentiality of the materials and information submitted in this application. By submitting this application, the applicant hereby indemnifies Choptank Electric Trust, Inc., its Board members, agents, employees, attorneys, and accountants from any loss, cost, damage, or expense applicant may incur with respect thereto.