

CHECK LIST

- _____ Filled out entire application. **It is very important that you follow this checklist to make sure your application is complete.** If your application is not complete it may be **tabled or denied.**

- _____ Specific details for question #4 use of funds. The board wants a detailed breakdown of cost and documentation for what is being requested. If medical problems/expenses send copy of medical statements.

- _____ Copy of your last federal income tax form and W-2 or SSI documentation. If you are self employed include Schedule C.

- _____ If needed include a letter with your application providing additional information regarding your request.

- _____ Amount requested – Not to exceed \$2,500

- _____ Signed and dated



KEM ELECTRIC OPERATION ROUNDUP, INC.

**P.O. Box 790
Linton, ND 58552-0790
(701) 254-4666**

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

1. NAME: _____
Last First Middle

ADDRESS: _____
Street or Post Office Box City or Town State Zip Code

PHONE NUMBER: _____
Home Work

2. OTHER MEMBERS OF HOUSEHOLD:

	Last Name	First Name	Age	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

3. Member of KEM Electric Cooperative, Inc.: YES or NO

4. REASON FOR REQUEST FOR DONATION: **(Include specific use of funds):**

5. INFORMATION REGARDING APPLICANT:

1. Present Employer: _____ Date Employed: _____

Employer's Address: _____ Work Phone: _____

Average hrs worked per week: _____ Hourly Rate: _____ Monthly Take Home: _____

6. LIST ALL SOURCES OF OTHER INCOME:

AMOUNTS

Farm Income: _____	\$ _____
_____	\$ _____
Social Security or Disability Benefits	\$ _____
_____	\$ _____
Unemployment Benefits	\$ _____
_____	\$ _____
Child Support	\$ _____
_____	\$ _____
Retirement Benefits	\$ _____
_____	\$ _____
Other	\$ _____
_____	\$ _____
Other	\$ _____

7. LIST ALL EXISTING DEBTS/EXPENSES OF APPLICANT
(And Spouse or Co-Applicant if Applicable)

AMOUNTS

Housing	Mortgage _____	Rent _____	\$ _____
Utilities	Electricity		\$ _____
	Gas/Propane/Fuel Oil		\$ _____
	Telephone		\$ _____
	Water/Sewer		\$ _____
Transportation	Automobile Payments		\$ _____
	Gasoline		\$ _____
	Automobile Payments		\$ _____
	Gasoline		\$ _____
Insurance	Medical		\$ _____
	Life		\$ _____
	Automobile		\$ _____
Child Care	Child Support		\$ _____
	Daycare		\$ _____
Credit Cards	1. _____		\$ _____
	2. _____		\$ _____
	3. _____		\$ _____
Loans (specify)	1. _____		\$ _____
	2. _____		\$ _____
	3. _____		\$ _____

Other Expenses (specify) 1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____
 4. _____ \$ _____

8. ARE ANY OF YOUR DEBTS PAST DUE? YES NO

9. HAVE YOU OR YOUR CO-APPLICANT EVER DECLARED BANKRUPTCY? YES NO
 If YES, provide date(s): _____

Comments: _____

10. ASSETS (List ALL Assets)

AMOUNTS

Checking Account	_____	\$ _____
	Banking Institution	
	_____	\$ _____
	Banking Institution	
Saving Account	_____	\$ _____
	Banking Institution	
	_____	\$ _____
	Banking Institution	
Real Estate	_____	\$ _____
	Partial or Fully Owned	Market Value
	_____	\$ _____
	Partial or Fully Owned	Market Value
Automobile	_____	\$ _____
	Make/Model Year	Value
	_____	\$ _____
	Make/Model Year	Value
Boat, Snowmobile, RV's Etc.	_____	\$ _____
		Value
	_____	\$ _____
		Value
	_____	\$ _____
		Value
Other (stock, bond, retirement, IRA, etc.)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

11. Please list all medical expenses (if applying for medical assistance):

Medical Organization	Amount
Medical Organization	Amount
Medical Organization	Amount

12. ARE YOU RECEIVING OR REQUESTING ANY OTHER FORM OF ASSISTANCE FOR THIS SAME NEED/SITUATION (DONATION, GRANT, ETC.) Yes _____ No _____
IF YES, PLEASE LIST

13. REFERENCES (May not be a director or employee of KEM Electric)

1. Name: _____ Address: _____
(Relative Not Living With You)

Phone Number: _____ Relationship: _____

2. Name: _____ Address: _____
(Personal Reference Not Related to Applicant)

Phone Number: _____ Relationship: _____

The information contained in this statement is for the purpose of obtaining funding from the KEM ELECTRIC ROUNDUP, 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 KEM ELECTRIC ROUNDUP, INC. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The KEM ELECTRIC ROUNDUP, INC. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

DATE

SIGNATURE OF APPLICANT/RECIPIENT

PRINT NAME OF APPLICANT/RECIPIENT

DATE

SIGNATURE OF SPOUSE/CO-APPLICANT

PRINT NAME OF SPOUSE/CO-APPLICANT