

(2b) _____
Name Supervisor

(2c) _____
Name Supervisor

(2d) _____
Name Supervisor

(2e) _____
Name Supervisor

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

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes _____ No _____

If Yes, please list:

8. Statement of Financial Condition as of _____, 20__.

ASSETS

AMOUNTS

Cash

		Acct. No.	\$ _____
	Bank Institution		\$ _____
	Bank Institution	Acct. No.	\$ _____
	Bank Institution	Acct. No.	\$ _____

Real Estate

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

Securities

		Identification No.	\$ _____ Market Value
	Description		\$ _____ Market Value
	Description	Identification No.	\$ _____ Market Value
	Description	Identification No.	\$ _____ Market Value

Other Receivables (State Type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value)
Other Assets. Include description, account number, etc.)

		Value	\$ _____
	Type		\$ _____ Value

TOTAL ASSETS

\$ _____

LIABILITIES

AMOUNTS

Notes Payable

Lender's Name

\$ _____

Lender's Address

Lender's Name

\$ _____

Lender's Address

Lender's Name

\$ _____

Lender's Address

Mortgage

Mortgagor's Name

\$ _____

Mortgagor's Address

Mortgagor's Name

\$ _____

Mortgagor's Address

Other Debt (State Type: Taxes, Bills Outstanding, Other)

Type

\$ _____

Type

\$ _____

Type

\$ _____

Type

\$ _____

TOTAL LIABILITIES

\$ _____

MONTHLY EXPENSES

AMOUNTS

Housing Mortgage _____ Rent _____ \$ _____

Food \$ _____

Utilities Electricity \$ _____

Gas \$ _____

Telephone \$ _____

Transportation Automobile Payments \$ _____

Gasoline \$ _____

Insurance Medical \$ _____

Life \$ _____

Automobile \$ _____

Medical Doctors \$ _____

Hospital \$ _____

Medication \$ _____

Charge Accounts _____ \$ _____

(Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

Loans (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Taxes (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other Expense _____ \$ _____

(Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary	_____	\$ _____
Bonus, Tips & Commissions	_____	\$ _____
Dividends & Interest	_____	\$ _____
Real Estate Income	_____	\$ _____
Farm Income	_____	\$ _____

Other: (Please State: Alimony, Child Support, Other)

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

TOTAL SOURCES OF MONTHLY INCOME \$ _____

9. Please list three references. (May not be a director of employee of Niobrara Valley Electric Membership Corporation or the Niobrara Valley Electric Goodwill Fund.)

Name Phone

Address City State Zip

Name Phone

Address City State Zip

Name Phone

Address City State Zip

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

SIGNATURE OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE