



KEC FOUNDATION, INC.

*P.O. Box 340 • 1950 Highway 2 South • Wilburton, OK 74578
918-465-2338 or 1-800-888-2731*

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

1. **Name:** _____
Last First Middle

2. **Date of Birth:** _____ **Age:** _____ **Social Security #:** _____

3. **Other Members of Household:**

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

*Please list additional occupants of household on back of this application.

4. **Address:** _____
Street or P.O. Box
_____ Town State Zip Code

5. **Phone Numbers:** _____
Home Work

6. **Employers of those listed in No. 1 and No. 3 above:**

(1) _____
Company Name Supervisor
_____ Address Phone

(3a) _____
Company Name Supervisor
_____ Address Phone

7. **Are any other members of your household earning a regular salary?** Yes ___ No ___

9. **Is individual or family receiving other forms of assistance or aid for above-stated request (donations, insurance, etc.)? Yes _____ No _____ If yes, please list:**

10. **REFERENCES. Please list three references that are not immediate family members. (other than a director or employee of Kiamichi Electric Cooperative, Inc. or KEC Foundation, Inc.)**

Name		Phone
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Address	City	State and Zip Code
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Name		Phone
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Address	City	State and Zip Code
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Name		Phone
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Address	City	State and Zip Code
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11. **Statement of Financial Condition as of _____, 20_____.**

SOURCES OF MONTHLY INCOME	AMOUNTS
Salary _____	\$ _____
Bonus, Tips and Commissions _____	\$ _____
Dividends and Interest _____	\$ _____
Real Estate Income _____	\$ _____
Farm Income _____	\$ _____
Other Income (Alimony, Child Support, Other) _____	\$ _____

TOTAL SOURCES OF MONTHLY INCOME \$ _____

ASSETS

AMOUNTS

Cash _____ \$ _____

Real Estate _____ \$ _____

Rent or Partial/Wholly Owned? _____ County _____

Securities _____ \$ _____

Description _____ Identification Number _____

Other Receivables: (State type: personal property, loan receivable, auto or life insurance (cash value), or other assets. Include description, account number, etc.)

_____ \$ _____
Type Value

_____ \$ _____
Type Value

TOTAL ASSETS \$ _____

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 (please specify) _____ \$ _____

Loans _____ \$ _____

Taxes _____ \$ _____

Other Expenses _____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

LIABILITIES

AMOUNTS

Notes Payable _____ \$ _____
Lender's Name and Address

Notes Payable _____ \$ _____
Lender's Name and Address

Mortgage _____ \$ _____
Mortgagor's Name and Address

Mortgage _____ \$ _____
Mortgagor's Name and Address

Other Debt: (State type: taxes, outstanding bills, etc.)

_____ \$ _____
Type Value

_____ \$ _____
Type Value

_____ \$ _____
Type Value

TOTAL LIABILITIES

\$ _____

Information contained in this statement is for the purpose of obtaining funding from the KEC Foundation, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the KEC Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The KEC Foundation, Inc. is authorized to make all inquiries deemed necessary to verify accuracy of the statements made herein. All information in this application will remain confidential and will be used only for the purpose of determining *ORU* funding eligibility.

Signature of Applicant/Recipient

Date

Signature of Spouse

Date