

CADDO ELECTRIC FOUNDATION, INC.  
P.O. Box 70  
Binger, OK 73009  
(405) 656-2322 ext.135  
www.caddoelectric.com

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

1. Name \_\_\_\_\_  
Last First Middle

2. Other Members of Household:

a. \_\_\_\_\_  
Last Name First Middle Relationship

b. \_\_\_\_\_  
Last Name First Middle Relationship

c. \_\_\_\_\_  
Last Name First Middle Relationship

d. \_\_\_\_\_  
Last Name First Middle Relationship

e. \_\_\_\_\_  
Last Name First Middle Relationship

3. Address: \_\_\_\_\_  
Residence Address Mailing Address  
\_\_\_\_\_  
City or Town State Zip Code

4. Phone Number \_\_\_\_\_  
Home Work

5. Employer of those in No.1 and No.2 above:

(1) \_\_\_\_\_  
Employer Supervisor

\_\_\_\_\_  
Address Phone

(2a) \_\_\_\_\_  
Employer Supervisor

\_\_\_\_\_  
Address Phone

(2b) \_\_\_\_\_  
Employer Supervisor

\_\_\_\_\_  
Address Phone

(2c) \_\_\_\_\_  
Employer Supervisor

\_\_\_\_\_  
Address Phone

(2d) \_\_\_\_\_  
Employer Supervisor

\_\_\_\_\_  
Address Phone

(2e) \_\_\_\_\_  
Employer Supervisor

\_\_\_\_\_  
Address Phone

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Statement of financial condition as of \_\_\_\_\_ 20 \_\_\_\_

<u>ASSETS</u>	<u>AMOUNTS</u>
Cash _____	\$ _____
Banking Institution                  Account No.	
_____	\$ _____
Banking Institution                  Account No.	
_____	\$ _____
Banking Institution                  Account No.	
Real Estate _____	\$ _____
Partial or Wholly Owned                  County	Market Value
_____	\$ _____
Partial or Wholly Owned                  County	Market Value
_____	\$ _____
Partial or Wholly Owned                  County	Market Value
Securities _____	\$ _____
Description                                  Identification No.	Value
_____	\$ _____
Description                                  Identification No.	Value
Other Receivables (State Type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value) Other Assets; Include description, account no., etc.)	
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
<b>TOTAL ASSETS</b>	\$ _____
	Total

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, Outstanding Bills, Other)

\_\_\_\_\_

\$ \_\_\_\_\_

Type

\_\_\_\_\_

\$ \_\_\_\_\_

Type

\_\_\_\_\_

\$ \_\_\_\_\_

Type

TOTAL LIABILITIES

\_\_\_\_\_

\$ \_\_\_\_\_

Total

MONTHLY EXPENSES

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 Expenses (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary \$ \_\_\_\_\_

Bonus, Tips & Commissions \$ \_\_\_\_\_

Dividends & Interest \$ \_\_\_\_\_

Real Estate Income \$ \_\_\_\_\_

Farm Income \$ \_\_\_\_\_

Other: (Please specify: Alimony, Child Support, Social Security, SSI, Other)

\_\_\_\_\_ \$ \_\_\_\_\_

Type \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Type \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Type \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL SOURCES OF MONTHLY INCOME \$ \_\_\_\_\_

9. Please list three references. (Must not be a director or employee of Caddo Electric Cooperative or Caddo Electric Foundation, Inc.)

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Caddo Electric Foundation, Inc. on behalf of the undersigned. Each undersigned understands 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 Caddo Electric Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Caddo Electric Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

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SIGNATURE OF APPLICANT/RECIPIENT

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SIGNATURE OF SPOUSE

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DATE