



**KOOTENAI ELECTRIC TRUST**  
PO BOX 278  
HAYDEN, ID 83835  
(208) 765-1200

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

*All individual or family applications must be accompanied by a referral letter from a local social service agency, such as the Department of Health and Welfare, Kootenai Medical Center, etc.*

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

2. Other Members of Household:

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

3. Address: \_\_\_\_\_  
Street or Post Office Box  
\_\_\_\_\_  
City State Zip Code

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

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

(1) \_\_\_\_\_  
Name Supervisor  
\_\_\_\_\_  
Address Phone

(2a)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2b)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2c)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2d)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2e)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone

6. Reason for request for donation: (Include amount requested and specific use of fund, \$2,500.00 maximum)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

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8. Statement of Financial Condition as of \_\_\_\_\_, 20\_\_.

<u>ASSETS</u>		<u>AMOUNTS</u>
Cash		\$ _____
	Banking Institution _____ Acct. No. _____	
		\$ _____
	Banking Institution _____ Acct. No. _____	
		\$ _____
	Banking Institution _____ Acct. 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
		\$ _____
	Description _____ Identification No. _____	Value
Other Receivables (State Type: Personal; Property, Loan Receivable, Auto, Life Insurance (Cash Value) Other Assets. Include description, account number, etc.)		\$ _____
	_____ Type _____	Value
		\$ _____
	_____ Type _____	Value
		\$ _____
	_____ Type _____	Value

	_____	\$ _____
	Type	Value
<b>TOTAL ASSETS</b>		<b>\$ _____</b>

**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 Name	

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

_____	\$ _____
Type	

_____	\$ _____
Type	

_____	\$ _____
Type	

_____	\$ _____
Type	

<b>TOTAL LIABILITIES</b>		<b>\$ _____</b>
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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 Expenses	_____		\$ _____
(Specify)	_____		\$ _____
	_____		\$ _____

**TOTAL MONTHLY EXPENSES**

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

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary \_\_\_\_\_  
Employer's Name \_\_\_\_\_ \$ \_\_\_\_\_

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

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

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

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

Other: (Please state: Alimony, child support, other)

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

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

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

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

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

9. Please list three references. (May not be a director or employee of Kootenai Electric Cooperative or the Kootenai Electric Trust.)

\_\_\_\_\_  
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 Kootenai Electric Trust 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 Kootenai Electric Trust may consider this statement as continuing to be true and correct until a written notice of change is provided. The Kootenai Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.**

**I understand if I am selected for funding by the Kootenai Electric Trust that my name may be used in the promotion of the Operation Round Up Program.**

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**SIGNATURE OF APPLICANT/RECIPIENT**

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**SIGNATURE OF SPOUSE**

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**DATE**