

5. Reason for Request for Donation: **(Please itemize the costs and state how the funds will be used. Incomplete applications will be returned.)**

6. Applicant's Income Information

Wages/Salaries/Tips: Retirement/Social Security Income Child Support/Other Income

\$ _____ per month \$ _____ per month \$ _____ per month

Do you receive food stamps? _____ If yes, Amount per month \$ _____

7. EMPLOYER OF THOSE IN THE HOUSEHOLD:

(1) _____ _____
Employer Name Supervisor

_____ _____
Address Phone

(2) _____ _____
Employer Name Supervisor

_____ _____
Address Phone

8. Are you presently contributing to the Operation Round-Up Program? Yes/No (circle one)

9. Are you located within the service area of Amicalola EMC? Yes/No (circle one)

10. Owned Properties & Cash Value

Bank Name _____

Checking \$ _____

Savings \$ _____

Property Value: House \$ _____

Cars/Truck \$ _____

Real Estate \$ _____

Retirement Fund \$ _____

Personal Property \$ _____

IRA/401K \$ _____

TOTAL: \$ _____

11. Loans Outstanding/ Full Amount Owed

Mortgage Loans

Lender _____ \$ _____

Car/Truck Loans

Lender _____ \$ _____

Lender _____ \$ _____

Other Loans

Lender _____ \$ _____

Credit cards

Card _____ \$ _____

Card _____ \$ _____

TOTAL: \$ _____

12. Monthly Expenses

Payment

Mortgage / Rent \$ _____

Food \$ _____

Utilities Electricity \$ _____

Gas \$ _____

Telephone \$ _____

Transportation Gas \$ _____

Auto Payment \$ _____

Insurance Medical \$ _____

Life \$ _____

Automobile \$ _____

Home \$ _____

Medical Doctor \$ _____

Hospital \$ _____

Medication \$ _____

Property Taxes \$ _____

Loan Payment \$ _____

Other Payment \$ _____

Credit Card Payment \$ _____

TOTAL: \$ _____

References

13. Please supply three (3) references. References may not be relatives or associated with Amicalola EMC or Amicalola EMC Trust.

1.	_____	_____	_____
	Name	Address	Phone
2.	_____	_____	_____
	Name	Address	Phone
3.	_____	_____	_____
	Name	Address	Phone

The information contained in this statement is for the purpose of obtaining funding from the Amicalola EMC 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 Amicalola EMC Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Amicalola EMC Trust is authorized to make all inquiries they deem necessary including, but not limited to, a credit bureau history check to verify the accuracy of the statements made herein. Total allocations for individuals and families will ordinarily not be made for more than \$2,500.00 in a calendar year.

SIGNATURE of APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE

14. You have my permission to sign me up to be a partner with Amicalola EMC for the Operation Round-Up program.

Signature

Date