

5. _____

6. _____

7. **Amount being requested** (\$1,500 maximum for previous 12 months) _____

8. **Reason for Grant Request** :(ACT will ONLY pay directly to a bank or organization that is owed. Please indicate the organization to be paid, include copies of invoices and/or account numbers.)

9. **Is the individual or family receiving any other form of assistance or aid for above stated request** (donations, insurance, church, etc.)? Yes ___ No ___
If yes, please include list:

10. **Has the individual or family received ACT funding in the past?** Yes ___ No ___
If yes, please list the date(s) and amount of the funding.

11. **Has individual or family been denied ACT funding for any reason in the past?** Yes ___ No ___
If yes, please describe why.

Statement of Financial Condition of entire household as of _____, 20__.

Personal Assets

Cash	Banking Institution	Acct. No.	\$	
			\$	
Real Estate	Address – Partial or Wholly Owned	County	\$	
			\$	
Securities	Description	Identification Number	\$	
			\$	

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

Type Description	Acct. No.	\$	
		\$	
		\$	
		\$	
Total Assets			\$

Monthly Income

Salary	Employer	\$	
		\$	
		\$	
Bonuses, Tips, & Commissions		\$	

..... **Monthly Expenses**

Housing Mortgage ___ Rent ___ \$ _____

Food \$ _____

Utilities \$ _____ \$ _____ \$ _____ \$ _____ (total)
Electric Gas Water/Sewer Phone

Transportation \$ _____ \$ _____ (total)
Car Payment Fuel

Insurance \$ _____ \$ _____ \$ _____ (total)
Medical Life Auto

Medical _____ (total)
Doctors Hospital Medication

Credit Cards \$ _____

Loans _____ (total)
Lender Contact

_____ (total)

Taxes _____ (total)
Tax Agency Contact

_____ (total)

Other _____ (total)
Type Contact

_____ (total)

Total Monthly Expenses \$ _____

REFERENCES

Please list three references. (Only one may be a family member. May not be a director or employee of Albemarle Electric Membership Corporation or the Albemarle Community Trust.)

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 Albemarle Community Trust on behalf of the undersigned and will be kept in the strictest confidence. 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 Albemarle Community Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Albemarle Community Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. Board decisions are final and reasons for Board decisions will NOT be given to anyone, including the applicant.

Signature of Applicant/Recipient

Signature of Spouse

Date