

4. _____

5. _____

6. _____

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

8. **Reason for Grant Request:** (Include the reason this request should be considered an emergency. 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 _____ \$ _____

Dividends & Interest _____ \$ _____

Real Estate Income _____ \$ _____

Farm Income _____ \$ _____

Other: (please state – alimony, child support, disability, retirement, other)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Income \$ _____

..... **Liabilities**

Note Payable _____ \$ _____
Lender Contact

_____ \$ _____

_____ \$ _____

Mortgage _____ \$ _____
Mortgagor Contact

_____ \$ _____

_____ \$ _____

Other Debt (taxes, bills, outstanding, other)

_____	_____	\$ _____
Type	Contact	
_____	_____	\$ _____
_____	_____	\$ _____
Total Liabilities		\$ _____

..... **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 _____ \$ _____
Lender Contact

_____ \$ _____

Taxes _____ \$ _____
Tax Agency Contact

_____ \$ _____

