

ALBEMARLE COMMUNITY TRUST

Post Office Box 69 • Hertford, NC 27944 • (252) 426-5735

ACTcontact@aemc.coop

SUPPLEMENTAL FINANCIAL DATA FOR ORGANIZATION

1. Organization Name: _____

Date of Financial Information: _____

Address: _____

Street or PO Box

City or Town

State

Zip Code

2. Is Organization receiving any other form of assistance or aid for stated request (donations, insurance, etc.)?

Yes __ No __ **If yes, please list:**

3. Statement of Financial Condition as of _____, 20____.

.....		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		\$ _____

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)
Liability Auto Other

Medical _____ \$ _____ (total)
Doctors Hospital Medication

Credit Cards \$ _____

Loans _____ \$ _____
Lender Contact

_____ \$ _____

Taxes _____ \$ _____
Tax Agency Contact

_____ \$ _____

Other

_____ Type _____ Contact \$ _____

_____ \$ _____

Total Monthly Expenses \$ _____

..... **Sources of Monthly Income**

_____ Type \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Income \$ _____

REFERENCES

Please list three references. (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. 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.

Signature of Organization Representative

Date