



# Choptank Electric Trust, Inc.

P.O. BOX 426, Denton MD 21629  
1-877-892-0001 EXT. 7733

E-mail: laurieb@choptankelectric.coop  
Fax: 410-749-9806

## Application For Individual And/or Family

***Incomplete applications will automatically be denied assistance.***

Please complete all 4 pages of this application. Please type or print clearly with black or blue pen. The application must be received by the last day of the month in order to be reviewed the following month.

**PLEASE NOTE:** Recipients of Choptank Electric Trust grants have a 90-day period in which to use the grant. Funds not used by the individual within 90 (ninety) days following notification will be voided unless a board extension is requested and approved.

**REQUEST**

Amount Requested: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Tell us how the fund will be used and explain the circumstances that have prompted this request :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION**

**Please attach 2 (two) appropriate bids/estimates directly related to your request.**

*For dental work/hearing aids only one estimate is required.*

Name of Applicant: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street or P.O. Box City State Zip Code County*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Age of Applicant: \_\_\_\_\_

Email: \_\_\_\_\_

Select One:  Own  Rent

List other members of the household, including children (If children, give age):  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

**Please give three references from persons other than relatives.** (References may not be given by a director or employee of Choptank Electric Cooperative or Choptank Electric Trust Inc. References may be contacted by a board member.)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Is the applicant currently employed?  Yes  No

If not, *PLEASE EXPLAIN WHY:* \_\_\_\_\_

Gross MONTHLY earnings (include **all employed** members of the household) \_\_\_\_\_

**Employment History of the Applicant**

Employer #1: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Employer #2: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

**Employment History of Others in the household - Name:** \_\_\_\_\_

Employer #1: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Employer #2: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

**OTHER ASSISTANCE**

List other social service agencies you have contacted (include name of contact person):  
\_\_\_\_\_  
\_\_\_\_\_

Is individual or family receiving any other form of assistance or aid (donations, insurance, etc.)?  
 Yes  No

If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION**

The Trust Board may need to table an application until the next meeting because of time constraints or insufficient information on the application.

Can your application be tabled?  Yes  No

Can you proceed with partial funding on this request?  Yes  No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Financial Statement

Date of this statement \_\_\_\_\_

MONTHLY EXPENSES

<b>Housing:</b>	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Rent	\$ _____
	Food.....		\$ _____
<b>Utilities:</b>	Electricity.....		\$ _____
	Gas.....		\$ _____
	Telephone.....		\$ _____
	Water & Sewer.....		\$ _____
	Cable.....		\$ _____
	Internet.....		\$ _____
	Cell _____		\$ _____
	Other _____		\$ _____
<b>Transportation:</b>	Automobile Payments.....		\$ _____
	Gasoline.....		\$ _____
<b>Insurance:</b>	Home Owners/Renters insurance.....		\$ _____
	Medical.....		\$ _____
	Life.....		\$ _____
	Automobile.....		\$ _____
<b>Medical:</b>	Doctors.....		\$ _____
	Hospital.....		\$ _____
	Medication.....		\$ _____
Charge Account	_____		\$ _____
<b>Payments (Specify):</b>	_____		\$ _____
<b>Loans Payments</b>	_____		\$ _____
<b>(Specify):</b>	_____		\$ _____
<b>Real Estate Taxes</b>	_____		\$ _____
<b>Other Expenses</b>	_____		\$ _____
<b>(Specify):</b>	_____		\$ _____
<b>TOTAL MONTHLY EXPENSES.....</b>			\$ _____

MONTHLY INCOME

Total gross earnings for Household.....	\$ _____
Bonuses, Tips, & Commissions.....	\$ _____
Social Security Benefits.....	\$ _____
Farm Income.....	\$ _____
Welfare (AFDC).....	\$ _____
Food Stamps.....	\$ _____
Alimony.....	\$ _____
Child Support.....	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
<b>TOTAL MONTHLY INCOME.....</b>	\$ _____

*Incomplete applications will automatically be denied assistance.*

**ASSETS**

**Cash on Hand:**

Bank Name: \_\_\_\_\_ Checking Balance: \$ \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Checking Balance: \$ \_\_\_\_\_

**Real Estate** (list all property that you own, i.e.: house, mobile home, acreage):

Property #1: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Market Value: \$ \_\_\_\_\_  
Property #2: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Market Value: \$ \_\_\_\_\_  
Property #3: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

**Other Assets** (personal property, auto, life insurance - include description):

#1: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
#2: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
#3: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
#4: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

**TOTAL ASSETS:** \_\_\_\_\_

**LIABILITIES**

**Notes Payable & Mortgage** (list home loan, car loans, credit card debt, student loans):

Loan #1: \_\_\_\_\_ \$ \_\_\_\_\_  
Lender Name & Address: \_\_\_\_\_  
Loan #2: \_\_\_\_\_ \$ \_\_\_\_\_  
Lender Name & Address: \_\_\_\_\_  
Loan #3: \_\_\_\_\_ \$ \_\_\_\_\_  
Lender Name & Address: \_\_\_\_\_

**Other Debt (Taxes, Bills, Miscellaneous - Attach list if necessary):**

Debt #1: \_\_\_\_\_ \$ \_\_\_\_\_  
Debt #2: \_\_\_\_\_ \$ \_\_\_\_\_  
Debt #3: \_\_\_\_\_ \$ \_\_\_\_\_  
Debt #4: \_\_\_\_\_ \$ \_\_\_\_\_  
Debt #5: \_\_\_\_\_ \$ \_\_\_\_\_  
Debt #6: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL LIABILITIES:** \$ \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Choptank Electric Trust, Inc., on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Choptank Electric Trust, Inc., may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Choptank Electric Trust, Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**Submit the completed application and related documents via:**

**Fax at 410.749.9806 or email at [laurieb@choptankelectric.coop](mailto:laurieb@choptankelectric.coop).**

**You may also mail the completed application to Choptank Electric Trust, Inc., P.O. Box 426, Denton, MD, 21629.**

*Choptank Electric Trust, Inc. on behalf of itself and its Board members, agents, employees, attorneys, and accountants specifically herein disclaims any responsibility for maintaining the confidentiality of the materials and information submitted in this application. By submitting this application, the applicant hereby indemnifies Choptank Electric Trust, Inc., its Board members, agents, employees, attorneys, and accountants from any loss, cost, damage, or expense applicant may incur with respect thereto.*