



(2b) \_\_\_\_\_  
Employer's Name Supervisor  
\_\_\_\_\_  
Address Phone

(2c) \_\_\_\_\_  
Employer's Name Supervisor  
\_\_\_\_\_  
Address Phone

(2d) \_\_\_\_\_  
Employer's Name Supervisor  
\_\_\_\_\_  
Address Phone

(2e) \_\_\_\_\_  
Employer's Name Supervisor  
\_\_\_\_\_  
Address Phone

6. Amount Requested \$ \_\_\_\_\_

Please state reason for request and the specific use of funds. Please note that funds cannot be used for an electric bill.

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

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list:

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

8. Statement of Financial Condition as of \_\_\_\_\_, 20\_\_\_\_\_.

**ASSETS**

**AMOUNTS**

Cash

_____	_____	\$ _____
Banking Institution	Acct. No.	
_____	_____	\$ _____
Banking Institution	Acct. No.	
_____	_____	\$ _____
Banking Institution	Acct. No.	

Real Estate

_____	_____	\$ _____
Partial or Wholly Owned	County	Market Value
_____	_____	\$ _____
Partial or Wholly Owned	County	Market Value
_____	_____	\$ _____
Partial or Wholly Owned	County	Market Value

Securities

_____	_____	\$ _____
Description	Identification No.	Value
_____	_____	\$ _____
Description	Identification No.	Value
_____	_____	\$ _____
Description	Identification No.	Value

Other Receivables (State Type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value) Other Assets. Include description, Account No., etc.)

_____	_____	\$ _____
Type		Value
_____	_____	\$ _____
Type		Value
_____	_____	\$ _____
Type		Value

**TOTAL ASSETS**

\$ \_\_\_\_\_

**LIABILITIES**

**AMOUNTS**

Notes Payable \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Lender's Name

\_\_\_\_\_  
Lender's Address

\$ \_\_\_\_\_

\_\_\_\_\_  
Lender's Name

\_\_\_\_\_  
Lender's Address

\$ \_\_\_\_\_

\_\_\_\_\_  
Lender's Name

\_\_\_\_\_  
Lender's Address

Mortgage \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Mortgagor's Name

\_\_\_\_\_  
Mortgagor's Address

\$ \_\_\_\_\_

\_\_\_\_\_  
Mortgagor's Name

\_\_\_\_\_  
Mortgagor's Address

Other Debt (State Type: Taxes, Bills Outstanding, Other)

\$ \_\_\_\_\_

\_\_\_\_\_  
Type

\$ \_\_\_\_\_

\_\_\_\_\_  
Type

\$ \_\_\_\_\_

\_\_\_\_\_  
Type

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



**SOURCES OF MONTHLY INCOME FOR EVERYONE IN THE HOME:**

**AMOUNTS**

Salary \_\_\_\_\_ (Employer's Name) \$ \_\_\_\_\_

Salary \_\_\_\_\_ (Employer's Name) \$ \_\_\_\_\_

Social Security Income: (monthly amount) \$ \_\_\_\_\_

Bonus, Tips, Commissions or Real Estate Income: \$ \_\_\_\_\_

Other Income: (Please State: Disability, Alimony, Child Support, Dividends & Interest, Other)

\_\_\_\_\_ \$ \_\_\_\_\_

Type

\_\_\_\_\_ \$ \_\_\_\_\_

Type

\_\_\_\_\_ \$ \_\_\_\_\_

Type

**TOTAL SOURCES OF MONTHLY INCOME**

\$ \_\_\_\_\_

**Please list three references.** (May not be a director or employee of Aiken Electric Co-op or the Aiken Electric Trust)

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Aiken Electric 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 warrant that the information provided is true and complete and that the Aiken Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Aiken Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/RECIPIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE