



NORTH WESTERN ELECTRIC TRUST, INC.

04125 State Route 576
Bryan, OH 43506
419-636-5051

North Western Electric Cooperative, Inc. members may contribute to the "Operation Round Up" program each month rounding up their electric bill payments to the next whole dollar. Participation is strictly voluntary. The funds collected are then distributed to individuals and organizations selected by the North Western Electric Trust, Inc.

**APPLICATION FOR DONATION FOR
INDIVIDUAL AND/OR FAMILY**

Name: _____

Social Security Number: XXX-XX-_____

Other Members of Household:

	Last Name	First	Middle	Relationship	Age
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Address: _____

City, State, and Zip: _____

Phone: _____
Work Home Cell

Email: _____

Your Employer:

Employer

Supervisor

Address

Phone

Employer of other members of household (from page 1):

1.

Employer

Supervisor

Address

Phone

2.

Employer

Supervisor

Address

Phone

3.

Employer

Supervisor

Address

Phone

4.

Employer

Supervisor

Address

Phone

5.

Employer

Supervisor

Address

Phone

Reason for Request for Donation:

Include amount requested and specific use of funds.

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

Statement of Financial Conditions as of _____

Date

ASSETS

AMOUNTS

Cash	_____	_____	\$ _____
	<i>Banking Institution</i>	<i>Acct. No.</i>	
	_____	_____	\$ _____
	<i>Banking Institution</i>	<i>Acct. No.</i>	
	_____	_____	\$ _____
	<i>Banking Institution</i>	<i>Acct. No.</i>	
Real Estate	_____	_____	\$ _____
	<i>Partial or Wholly Owned</i>	<i>County</i>	<i>Market Value</i>
	_____	_____	\$ _____
	<i>Partial or Wholly Owned</i>	<i>County</i>	<i>Market Value</i>
	_____	_____	\$ _____
	<i>Partial or Wholly Owned</i>	<i>County</i>	<i>Market Value</i>
Securities	_____	_____	\$ _____
	<i>Description</i>	<i>Identification No.</i>	<i>Value</i>
	_____	_____	\$ _____
	<i>Description</i>	<i>Identification No.</i>	<i>Value</i>
	_____	_____	\$ _____
	<i>Description</i>	<i>Identification No.</i>	<i>Value</i>

Other Receivables:

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

_____	\$ _____
<i>Type</i>	<i>Value</i>
_____	\$ _____
<i>Type</i>	<i>Value</i>
_____	\$ _____
<i>Type</i>	<i>Value</i>
_____	\$ _____
<i>Type</i>	<i>Value</i>

Please include any additional assets on a separate sheet. \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

LOAN BALANCES

Notes Payable

_____	\$ _____
<i>Lender's Name</i>	

<i>Lender's Address</i>	
_____	\$ _____
<i>Lender's Name</i>	

<i>Lender's Address</i>	
_____	\$ _____
<i>Lender's Name</i>	

<i>Lender's Address</i>	
_____	\$ _____
<i>Mortgagor's Name</i>	

<i>Mortgagor's Address</i>	
_____	\$ _____
<i>Mortgagor's Name</i>	

<i>Mortgagor's Address</i>	
_____	\$ _____
<i>Mortgagor's Name</i>	

<i>Mortgagor's Address</i>	

Other Debt

State Type: Taxes, Bills Outstanding, Other.

_____	\$ _____
<i>Type</i>	
_____	\$ _____
<i>Type</i>	
_____	\$ _____
<i>Type</i>	
_____	\$ _____
<i>Type</i>	

Please include any additional liabilities on a separate sheet. \$ _____

TOTAL LIABILITIES \$ _____

MONTHLY EXPENSES

AMOUNTS

Housing	Mortgage	Rent	\$ _____
Food			\$ _____
Utilities	Electricity		\$ _____
	Gas		\$ _____
	Telephone		\$ _____
Transportation	Automobile Payments		\$ _____
	Gasoline		\$ _____
Insurance	Medical		\$ _____
	Life		\$ _____
	Automobile		\$ _____
Medical	Doctors		\$ _____
	Hospital		\$ _____
	Medication		\$ _____
Charge Accounts	_____		\$ _____
<i>Specify</i>	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
Loans	_____		\$ _____
<i>Specify</i>	_____		\$ _____
	_____		\$ _____
Taxes	_____		\$ _____
	_____		\$ _____
	_____		\$ _____
Other Expenses	_____		\$ _____
<i>Specify</i>	_____		\$ _____
	_____		\$ _____
Please include any additional expenses on a separate sheet.			\$ _____
TOTAL MONTHLY EXPENSES			\$ _____

SOURCES OF MONTHLY INCOME

AMOUNTS

Salary _____ \$ _____
Employer's Name

Bonus, Tips,
Commissions _____ \$ _____

Dividends
and Interest _____ \$ _____

Farm Income _____ \$ _____

Other:

Please state: Alimony, Child Support, Other.

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

_____ \$ _____
Type

Please include any additional sources of income on a separate sheet. \$ _____

TOTAL SOURCES OF MONTHLY INCOME \$ _____

Please list three (3) references:

A North Western Electric Trust board member or Cooperative employee or Board of Trustee member may not be used.

① _____
Name _____ *Phone* _____

_____ *Address* _____ *City, State, Zip* _____

② _____
Name _____ *Phone* _____

_____ *Address* _____ *City, State, Zip* _____

③ _____
Name _____ *Phone* _____

_____ *Address* _____ *City, State, Zip* _____

OPERATION ROUND UP INDIVIDUAL/FAMILY APPLICATION CHECKLIST

*Please check off and return all applicable documents with the application to:
North Western Electric Trust, Inc., 04125 State Route 576, Bryan, OH 43506*

Completed application.
Specific details of question "Reason for request for donation: <i>include amount and specific use of funds.</i> " -- <i>The Board requires a detailed breakdown of costs for what is being requested.</i>
Copy of your last federal income tax form and W-2.
Amount requested.
Attached extra sheets (if necessary) with additional information.
Signed and dated.

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



Signature of Applicant/Recipient
Signature of Spouse
Date

CONFIDENTIALITY NOTICE

This application and the attached documents are provided in confidence for the sole purpose of applying for donation from North Western Electric Trust, Inc. and may not be disclosed other than to individuals on a need to know basis for the purpose of making decisions regarding the donation of funds to the applicant and may not be disclosed to any third party or used for any other purpose.