Minnesota Valley Cooperative Light and Power Association Trust 501 South 1st Street - P. O. Box 248 Montevideo, MN 56265 320.269.2163 or 1.800.247.5051

APPLICATION FOR DONATION FOR INDIVIDUAL AND / OR FAMILY

The information contained in this statement is for the purpose of obtaining funding from the Minnesota Valley Cooperative Light and Power Association 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 Minnesota Valley Cooperative Light and Power Association Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

1.	. Name:						
		Last	•	First			Middle
2.		mbers of Household:	First		Middle	Relationship	
	a						
	b						
	c						
	d						
	e						
3.	Address:						
		Street, Rural Route or P.O. Box					
		City, State, Zip					
4.	Phone: _			/			
5.	Employer of those listed in No. 1 and No. 2 above:						
	(1)	nployer name					
	En	nployer name		Sur	pervisor		
Address Phone							

(4	Employer name	Supervisor				
	Address	Phone				
	If more than two in the household are	employed, please attach an additional sheet				
Dona	tion Amount Requested: \$					
Reas	on for request for donation: (Continue or	n additional page if needed)				
	oos of Monthly Income					
Sour	ces of Monthly Income	Ф				
		u.				
	Salary, Wages, Tips, etc.	\$				
	Self-Employment/Farm Income	\$				
	Self-Employment/Farm Income Social Security	\$ \$				
	Self-Employment/Farm Income Social Security Unemployment Compensation	\$ \$ \$				
	Self-Employment/Farm Income Social Security Unemployment Compensation Retirement/Pension	\$\$ \$\$ \$				
	Self-Employment/Farm Income Social Security Unemployment Compensation Retirement/Pension Alimony/Child Support	\$\$ \$\$ \$\$				
	Self-Employment/Farm Income Social Security Unemployment Compensation Retirement/Pension Alimony/Child Support AFDC	\$\$\$\$				
	Self-Employment/Farm Income Social Security Unemployment Compensation Retirement/Pension Alimony/Child Support AFDC SSI/Disability	\$\$\$\$				
	Self-Employment/Farm Income Social Security Unemployment Compensation Retirement/Pension Alimony/Child Support AFDC	\$\$\$				
	Self-Employment/Farm Income Social Security Unemployment Compensation Retirement/Pension Alimony/Child Support AFDC SSI/Disability	\$				

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10. Monthly Expenses:							
Rent/Mortgage	\$	Doctor/Dentist	\$				
Food & Misc.	\$	Hospital	\$				
Clothing	\$	Medication	\$				
Electricity	\$	School Expenses	\$				
Gas/Propane	\$	Charge Accounts	\$				
Telephone	\$	Charitable Giving	\$				
Water/Garbage	\$	Loans:	\$				
Cable	\$	·	\$				
Car Payments	\$		\$				
Vehicle Fuel & Repairs	\$	Other Expenses	\$				
Medical Insurance	\$		\$				
Life Insurance	\$		\$				
Automobile Insurance	\$						
Homeowners Insurance	\$						
10. Please give two references	:						
Name	1	Name					
Address		Address					
City, State, Zip		City, State, Zip	City, State, Zip				
Phone		Phone					
		Signature of Applicant/Recipi	gnature of Applicant/Recipient gnature of Spouse				
		Signature of Spouse					
		Date	8				