



**MCKENZIE ELECTRIC OPERATION ROUNDUP, INC.**

<b>Board Members:</b>	Betty Bruins	Kim Neprash	Ardyce Alveshire
	Misty Powell	Nikki Darrington	Sue Farnsworth
	Maureen Moe	Mary Johnson	Janene Knudsvig

P.O. Box 649  
Watford City, ND 58854

Phone: 444-9288 or 1-800-584-9239  
Fax: 444-3002

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

1. Name: \_\_\_\_\_  
Last
First
Middle

2. Other Members of Household:

	Last Name	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_

City or Town
State
Zip Code

4. Phone Number: \_\_\_\_\_  
Home
Work

5. Employer of those listed in No. 1 and No. 2 above:

(1) \_\_\_\_\_  
Name
Supervisor

\_\_\_\_\_

Address
Phone

(2a) \_\_\_\_\_

	Name _____	Supervisor _____
	Address _____	Phone _____
(2b)	Name _____	Supervisor _____
	Address _____	Phone _____
(2c)	Name _____	Supervisor _____
	Address _____	Phone _____
(2d)	Name _____	Supervisor _____
	Address _____	Phone _____
(2e)	Name _____	Supervisor _____
	Address _____	Phone _____

6. Reason for Request for Donation: (Include amount requested and specific use of funds.)

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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:

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

\_\_\_\_\_  
Type

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

Value

\_\_\_\_\_  
Type

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

Value

\_\_\_\_\_  
Type

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

Value

\_\_\_\_\_

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

	Type	Value
<b>TOTAL ASSETS</b>		\$ _____
<b><u>LIABILITIES</u></b>		<b>AMOUNTS</b>
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, Bill Outstanding, Other)		
	_____	\$ _____
	Type	
	_____	\$ _____
	Type	
	_____	\$ _____
	Type	
	_____	\$ _____

Type

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

(Specify) \_\_\_\_\_ \$ \_\_\_\_\_

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

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

Loans (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

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

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

Taxes (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

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

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

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

Other Expenses \_\_\_\_\_ \$ \_\_\_\_\_

(Specify) \_\_\_\_\_ \$ \_\_\_\_\_

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

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

**SOURCE OF MONTHLY INCOME**

**AMOUNTS**

Salary _____ Employer's Name _____	\$ _____
Bonus, Tips, & Commissions _____	\$ _____
Dividends & Interest _____	\$ _____
Real Estate Income _____	\$ _____
Farm Income _____	\$ _____
Other: (Please State: Alimony, Child Support, Other) _____	\$ _____
_____ Type	\$ _____
_____ Type	\$ _____
_____ Type	\$ _____
_____ Type	\$ _____

TOTAL SOURCES OF MONTHLY INCOME \$ \_\_\_\_\_

9. Please list three references. (May not be a director or employee of McKenzie Electric Cooperative or the McKenzie Electric Operation Roundup.)

_____			
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 McKENZIE ELECTRIC OPERATION ROUNDUP, 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 McKENZIE ELECTRIC OPERATION ROUNDUP, INC. MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS PROVIDED.

THE McKENZIE ELECTRIC OPERATION ROUNDUP, INC. IS AUTHORIZED TO MAKE ALL INQUIRIES THEY DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN.

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SIGNATURE OF APPLICANT/RECIPIENT

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SIGNATURE OF SPOUSE

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DATE