



PO Box 109
Midway, Ga 31320
(912) 884-3311

Application for Donation Individual/Family

Name: Last		First	MI	Social Security #	Age
PO Box/Street		City		State	Zip
Contact Numbers					
Day: () -		Night: () -			
Grant Request Information					
Reason for grant request. List specific use of funds. Attach estimates for labor and materials					Amount Requested \$
					Amount Approved \$
Other Sources Of Assistance That Have Been Applied For And/Or Received That Will Be Used On This Project (List)					
\$			\$		
\$			\$		
Applicant's Income Information					
Wages/Salaries/Tips \$ per month		Retirement/Social Security Income \$ per month		Other Income (Applicants Only) \$ per month	
Other Members of Household					
Last Name		First	Relationship	SSN	Age
Employer		Supervisor		Phone # () - .	Wage \$ hr/wk/yr
Last Name		First	Relationship	SSN	Age
Employer		Supervisor		Phone # () - .	Wage \$ hr/wk/yr
Last Name		First	Relationship	SSN	Age
Employer		Supervisor		Phone # () - .	Wage \$ hr/wk/yr
Last Name		First	Relationship	SSN	Age
Employer		Supervisor		Phone # () - .	Wage \$ hr/wk/yr

Assets	Value	Monthly Expenses	Payment
Checking	\$ _____	Mortgage/Rent	\$ _____
Bank _____ Acct# _____		Food	\$ _____
Savings	\$ _____	Electricity	\$ _____
Bank _____ Acct# _____		Gas/Propane	\$ _____
Stocks/Bonds	\$ _____	Telephone	\$ _____
IRA/401K	\$ _____	Cable/Satellite	\$ _____
Retirement	\$ _____	Car/Truck Payments/Leases	\$ _____
Cars/Trucks	\$ _____	Gasoline/Fuel	\$ _____
Boats	\$ _____	Medical Insurance	\$ _____
Personal Property	\$ _____	Life Insurance	\$ _____
Real Estate	\$ _____	Automobile Insurance	\$ _____
Total	\$ _____	Doctor's Bills	\$ _____
		Hospital Bills	\$ _____
Liabilities	Amount Owed	Medication Expense	\$ _____
<u>Credit Cards</u>		<u>Charge Accounts (List)</u>	
Card _____ \$ _____		_____ \$ _____	
Card _____ \$ _____		_____ \$ _____	
Card _____ \$ _____		<u>Credit Card Payments (List)</u>	
<u>Car/Truck Loans</u>		_____ \$ _____	
Lender _____ \$ _____		_____ \$ _____	
Lender _____ \$ _____		_____ \$ _____	
<u>Other Loans</u>		<u>Other Loan Payments (List)</u>	
Lender _____ \$ _____		_____ \$ _____	
Lender _____ \$ _____		_____ \$ _____	
<u>Mortgage Loans</u>		<u>Other Expenses (List)</u>	
Lender _____ \$ _____		_____ \$ _____	
Lender _____ \$ _____		_____ \$ _____	
Total	\$ _____	Total	\$ _____

References (May Not Be Affiliated with Coastal EMC Foundation or Coastal EMC)

Name	City	Phone #
		() - .
Name	City	Phone #
		() - .
Name	City	Phone #
		() - .

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

Applicant's Signature	Spouse's Signature	Date