

APPLICATION FOR DONATION for INDIVIDUAL/FAMILY



PAULDING PUTNAM ELECTRIC COOPERATIVE TRUST

401 McDonald Pike
Paulding, OH 45879

[\(419\) 399-5015](tel:(419)399-5015) | [\(800\) 686-2357](tel:(800)686-2357) | www.ppec.coop

Mission Statement

The mission of the Paulding-Putnam Electric Cooperative Trust is the accumulation and disbursement of funds to organizations and government entities for charitable purposes in the Paulding-Putnam Electric Cooperative service area (defined as being within Paulding, Putnam, Van Wert, Defiance and Allen counties in Ohio and Allen and Adams counties in Indiana).

Disbursement of funds to individuals will be considered provided the applicant lacks a basic human necessity -- food, shelter, clothing, health, or other humane needs -- and due to his or her financial condition, is unable to provide for the need either personally or through other forms of assistance.

Who will distribute the funds?

The disbursement of funds will be made through grants by the Paulding Putnam Electric Trust Board of Directors, who have been selected from among Paulding Putnam Electric Cooperative's nine trustee districts. The Trust Directors are: Jane Nice, Paulding County (District 1); Philip Rolsten, Van Wert County (District 2); Brenda Ball, Putnam County (District 3); Paul Strack, Indiana (District 4); and Bruce Bestul, Indiana (District 5). The Board will receive and review all applications for funding on a quarterly basis and will make all decisions regarding Trust Fund grants.

How is money raised for the fund?

The membership of Paulding-Putnam Electric Cooperative contributes to the program each month through "Operation Round Up" by rounding up their electric bill payments to the next whole dollar. Participation is strictly voluntary. Additional contributions may be donated to the PPE Trust Fund subject to fund trustee's approval.

ALL QUESTIONS MUST BE FILLED OUT COMPLETELY

1. APPLICANT'S PERSONAL INFORMATION					
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	SS#	
Present Address			City	State	zip
Previous Address			City	State	zip
			How long?	Home phone	
			How long?	Driver's license #	

2. AMOUNT REQUESTED	\$
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3. PROPOSED USE OF FUNDS -

4. INFORMATION REGARDING APPLICANT			
Present Employer	Employer's Address	Date Hired	
Occupation	Supervisor's Name	Work Phone	Monthly Take Home
Previous Employer	Address	How long?	Occupation
1. Real Estate Owned (include home)	Address	Purchase price	Date purchased
2. Real Estate Owned (include home)	Address		
1. Sources of Other Income			Monthly Income
2			

5. OTHER MEMBERS OF HOUSEHOLD					
First Name	Middle	Last Name	Relationship	Age	Employed? If yes, list employer & income
1					
2					
3					
4					
5					
6					

6. LIST ALL EXISTING DEBTS OF APPLICANT

(AND SPOUSE OR CO-APPLICANT IF APPLICABLE)

CREDITOR	ADDRESS & CITY	ACCOUNT#	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
Mortgage			\$	\$	\$
Credit Union			\$	\$	\$
Credit Card(s)			\$	\$	\$
1			\$	\$	\$
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$
5			\$	\$	\$
Automobile Make	Model	Year	License #	Financed By	\$
Automobile Make	Model	Year	License #	Financed By	\$
Automobile Make	Model	Year	License #	Financed By	\$
List Alimony, Child Support of child Care Monthly Obligations					\$
Other Monthly Obligations					\$
DON'T OMIT ANY DEBTS. IF MORE SPACE IS NEEDED, USE ADDITIONAL SHEETS					\$
Obligations from attached sheet(s)					\$
If you answer yes to any of these questions, provide details on back, under "additional comments."	Are any of your debts past due? ___ Yes ___ No	Have you ever had your auto, furniture or property repossessed? ___ Yes ___ No	Have you or co-applicant ever filed bankruptcy? ___ Yes ___ No	Are you currently a co-signer on a loan? ___ Yes ___ No	

7. ASSETS (if more sheets needed, use additional sheet(s))	\$ Amount/Value
List All Assets -- House, Vehicles, Property, Checking/Savings Accounts, IRA's, etc. List name and address of banks.	

Please attach a copy of your last federal income tax form and W-2

REFERENCES

(may not be a trustee or employee of Paulding Putnam Electric or the Paulding Putnam Electric Trust)

Name of relative not living with you	Address	Phone	Relationship
Personal reference not related to applicant	Address	Phone	
Personal reference not related to applicant	Address	Phone	

ARE YOU RECEIVING OR REQUESTING ANY OTHER FORM OR ASSISTANCE FOR STATED REQUEST (DONATION, GRANT, ETC)?

_____ **YES** _____ **NO**

IF YES, PLEASE LIST--

ADDITIONAL COMMENTS --

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The information contained in this statement is for the purpose of obtaining funding from the Paulding Putnam Electric Cooperative Trust for the benefit of the undersigned. The undersigned understands that the information provided is herein used in deciding to grant funding and individually represents and warrants that the information provided is true and correct until a written notice of change is provided.

The Paulding Putnam Electric Trust is authorized to make all inquiries deemed necessary to verify the accuracy of the statement made herein. All information will be kept in the strictest confidence and will be used for the purposes intended. I understand that the Paulding Putnam Electric Trust has the right to fully audit the use of the donation at any time.

I also understand the Paulding Putnam Electric Trust and Paulding Putnam Electric Cooperative may use this application, if approved, for publicity and promotional purposes, but that my name and address will not be used for this purpose unless approved by me prior to the promotion.

SIGNATURE OF APPLICANT/RECIPIENT OR REPRESENTATIVE/GUARDIAN

DATE

Applicant phone number: _____ Email: _____