



Choptank Electric Trust Inc.

P.O. Box 426, Denton, MD 21629
1-877-892-0001 EXT. 8660

E-mail: trust@choptankelectric.coop
Fax: 410-479-1333

Application For Individual and/or Family

Incomplete applications will automatically be denied assistance.

It is highly recommended the applicant also seek assistance from other sources of support before applying to The Choptank Electric Trust. You can only apply for amount needed up to \$2,500.00.

Please complete all 4 pages of this application. Please type or print clearly with black pen. This form should be received by the last day of the month in order to be reviewed the following month.

PLEASE NOTE: Recipients of Choptank Electric Trust grants have a 90-day period in which to use the grant. Funds not used by that time will be voided unless a Board extension is requested and approved.

Amount Requested: _____ Date of Application: _____

Tell us how the grant funds will be used and the circumstances that prompted this request:

Please attach 2 (two) vendor estimates directly related to your grant request. Note: For hearing aids only one estimate is required

Name of Applicant (Person benefiting from grant): _____ Age: _____

Name of Co-Applicant or Agency : _____

Address: _____

Street or PO Box City State Zip Code County

Phone: Home _____ Cell _____ Work _____

Email: _____

Household: List other members of the household (Name and Age): _____

Please give two references from persons other than relatives. (References may not be given by a director or employee of Choptank Electric Cooperative or Choptank Electric Trust Inc. References may be contacted by a Board Member or staff member of Choptank Electric Trust.)

1. Name: _____ Phone: _____
Occupation: _____ Relationship to Applicant: _____
2. Name: _____ Phone: _____
Occupation: _____ Relationship to Applicant: _____

Is the applicant currently employed? Yes _____ No _____

If not, Please Explain Why: _____

Employment History of the Applicant:

Employer #1: Name _____
Person to contact: _____ Phone: _____
Dates of Employment: _____ Applicant Salary/Wage: _____

Current employment of Others in the Household

#1 Household Member's Name: _____ Salary/Wage _____
#2 Household Member's Name: _____ Salary/Wage _____

List other support groups or agencies you have contacted and their response:

#1 Name: _____ Contact Person _____ Phone _____
Date of that request _____ Result of that request _____

#2 Name: _____ Contact Person _____ Phone _____
Date of that request _____ Result of that request _____

List other sources of assistance or aid received including family and household members:

#1 Aid or assistance: _____ Amount _____
#2 Aid or assistance: _____ Amount _____

The Trust Board may need to table an application for further analysis and/or to obtain additional information.

Can your Application be tabled? Yes _____ No _____
Can you proceed with partial funding? Yes _____ No _____

Household --- Monthly Financial Statement

TOTAL HOUSEHOLD
MONTHLY EXPENSE: AMOUNT

Mortgage _____ or Rent _____:	\$ _____
Food:	\$ _____
Electric:	\$ _____
Gas:	\$ _____
Water:	\$ _____
Phone and/or Cell:	\$ _____
Cable:	\$ _____
Automobile Payments:	\$ _____
Gasoline	\$ _____
Household (Clothes, Supplies)	\$ _____
Insurance Policies (Total All Types)	\$ _____
Medication:	\$ _____
Loan Payments:	\$ _____
#1	\$ _____
Other Expenses:	\$ _____
_____	\$ _____
TOTAL HOUSEHOLD <u>MONTHLY EXPENSES:</u>	\$ _____

TOTAL HOUSEHOLD
MONTHLY INCOME: AMOUNT

Total Gross earnings from work:	\$ _____
Social Security:	\$ _____
Food Stamps:	\$ _____
Other income or assistance:	\$ _____
Other household members:	\$ _____
TOTAL HOUSEHOLD <u>MONTHLY INCOME</u>	\$ _____

NET HOUSEHOLD MONTHLY (Income - Expenses) _____

Assets:

Cash on hand (savings + Checking Account Balance) _____

Real Estate Properties:

#1 _____ Amount Owed: _____ Market Value: _____

Other: _____

Other information or comments you wish to provide in relation to this application:

The information contained in this statement is for the purpose of obtaining funding from the Choptank Electric Trust, Inc. on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Choptank Electric Trust, Inc. may consider this statement as continuing to be true and correct until written notice of a change is provided. The Choptank Electric Trust, Inc., is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

Signature of Applicant

Date

Signature of Co-Applicant (if any)

Date

Submit the completed application and related documents via:

Fax at 410 479 1333, email at trust@choptankelectric.coop, or

mail to Choptank Electric Trust, Inc. P.O. Box 426, Denton. MD 21629

Choptank Electric Trust, Inc. on behalf of itself and its Board members, agents, employees, attorneys, and accountants specifically herein disclaims any responsibility for maintaining the confidentiality of the materials and information submitted in this application. By submitting this application, the applicant(s) hereby indemnifies Choptank Electric Trust, Inc. its Board members, agents, employees, attorneys, and accountants from any loss, cost, damage, or expense applicant(s) may incur with respect thereto

Choptank Electric Trust Application Checklist

Individual/Family

To be complete, applications must include the following:

- Application form filled out completely

- Two written estimates/quotes for all applications except hearing aids
For hearing aid grant applications, only one written estimate/quote is required

Do **not** include personal documents such as Social Security statements, bank statements or driver's license