



# Choptank Electric Trust Inc.

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

E-mail: [trust@choptankelectric.coop](mailto: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 the circumstances that prompted this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach 2 (two) appropriate estimates directly related to your request.**

[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 MONTHLY EXPENSES: \$ \_\_\_\_\_

## TOTAL HOUSEHOLD MONTHLY INCOME:

### AMOUNT

Total Gross earnings from work:	\$ _____
Social Security:	\$ _____
Food Stamps:	\$ _____
Other income or assistance:	\$ _____
Other household members:	\$ _____

TOTAL HOUSEHOLD MONTHLY INCOME \$ \_\_\_\_\_

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](mailto: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*