



Codington-Clark Electric Charitable Fund, Inc.

PO Box 880
Watertown, SD 57201-0880
Phone # (605) 886-5848

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Name: _____ Age: _____
(First/Middle/Last)

2. Other Members of Household:

Name:(First/Middle/Last)	Age	Relationship
a)		
b)		
c)		
d)		
e)		

3. Address: _____

4. City/State/Zip: _____

5. Phone Number: _____

6. Employer of those in No. 1 and No. 2 above:

Employer	Address	Supervisor	Phone
1.			
2. Employer for Other Members of Household			
a.			
b.			
c.			
d.			
e.			

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

8. Is individual of family receiving any other form of assistance or aid for above stated request?

☐ YES ☐ NO

If YES, please indicate type of assistance ie. Food Stamps, AFDC, donations, insurance, etc.)

9. Statement of Financial Condition as of _____, 20__

ASSETS

Amounts

Cash

Banking Institution	Account No.	
Banking Institution	Account No.	
Banking Institution	Account 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

Other Receivables

(State Type: Personal Property, Loan Receivable, Auto, Life Ins. (Cash Value),
Other Assets; Include description, Account No., etc.)

Type	Value
Type	Value
Type	Value
TOTAL ASSETS	
	Total
LIABILITIES	
	Amounts
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, Outstanding Bills, and Other)	
Type	
Type	
Type	
TOTAL LIABILITIES	

		Total
MONTHLY EXPENSES		Amounts
Housing	<div><div></div>Mortgage</div>	<div></div>
	<div><div></div>or Rent</div>	<div></div>
Food	Food	<div></div>
Utilities	Electricity	<div></div>
	Gas	<div></div>
	Telephone	<div></div>
Transportation	Automobile Payments	<div></div>
	Fuel	<div></div>
Insurance	Medical	<div></div>
	Life	<div></div>
	Automobile	<div></div>
Medical	Doctors	<div></div>
	Hospital	<div></div>
	Medication	<div></div>
Charge Accounts (Specify)	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Loans (Specify)	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Taxes (Specify)	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
Other Expenses (Specify)	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
	<div></div>	<div></div>
TOTAL MONTHLY EXPENSES		
		Total
SOURCES OF MONTHLY INCOME		Amounts
Salary		<div></div>
Bonus, Tips, & Commissions		<div></div>
Dividends & Interest		<div></div>

Real Estate Income

Farm Income

Other

Alimony

Child Support

Food Stamps

Social Security

SSI

Other

TOTAL SOURCES OF MONTHLY INCOME

Total

10. Please list three references: (Must not be a director or employee of Codington-Clark Electric Cooperative, Inc.)

Name	Address	City/State/Zip	Phone
1.			
2.			
3.			

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



NAME OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE

Deadline for this application is February 16, 2026.