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) Relationship	Age
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 Amounts

LIABILITIES

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	☐ Mortgage	
	☐ or Rent	
Food	Food	
Utilities	Electricity	
	Gas	
	Telephone	
Transportation	Automobile Payments	
	Fuel	
Insurance	Medical	
	Life	
	Automobile	
Medical	Doctors	
	Hospital	
	Medication	
Charge Accounts (Specify)		
Loans (Specify)		
Taxes (Specify)		
Other Expenses (Specify)		

TOTAL MONTHLY EXPENSES

Total

SOURCES OF MONTHLY INCOME	**Amounts**
Salary	
Bonus, Tips, & Commissions	
Dividends & Interest	

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.

OPERATION UP ROUND®

_____
NAME OF APPLICANT/RECIPIENT

_____
SIGNATURE OF SPOUSE

_____
DATE

Deadline for this application is February 18, 2027.