



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

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.



NAME OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE

Deadline for submitting this application is February 9, 2023.