

TRI-COUNTY ELECTRIC PEOPLE FUND

7973 E. Grand River

Portland, MI 48875

Phone # 1-800-421-8956 ext 1211

Fax # 517-647-7615

Email – peoplefund@homeworks.org

GRANT APPLICATION FOR INDIVIDUAL AND/OR FAMILY

1. APPLICANT'S PERSONAL INFORMATION					
First Name	Middle Initial	Last Name	Date of Birth	Home Phone#	
Present Address	City	State	Zip	How Long?	Work Phone #
Previous Address	City	State	Zip	How Long?	Cell Phone #
2. AMOUNT REQUESTED \$					
3. PROPOSED USE OF FUNDS - (Please attach quotes, bids, copy of bills)					
4. INFORMATION REGARDING APPLICANT					
Present Employer		Employer's Address			Date Employed
Work Phone		Average number hours worked per week:			Hourly Rate \$
Occupation:		Average overtime hours worked per week:			Monthly Take Home \$
List all previous employers for past 10 years (use additional sheets if necessary)					
Previous Employer		Address		Begin Date	Occupation
				End Date	
Previous Employer		Address		Begin Date	Occupation
				End Date	
Previous Employer		Address		Begin Date	Occupation
				End Date	

List ALL sources of other income	Monthly Amount
Child Support	\$
Social Security or Disability Benefits	\$
Unemployment Benefits	\$
Retirement Benefits	\$
Food Stamps	\$
Other Income (Specify)	\$
Other Income (Specify)	\$
Total of Other Income	\$

5. OTHER PERSONS LIVING IN HOME

(If over 18 and not working - please explain)

First	Last	Relationship	Age	Employed? If Yes, List Employer & Monthly Income. If not employed, please state why

6. LIST ALL EXISTING DEBTS/EXPENSES OF APPLICANT

(And Spouse or Co-Applicant if Applicable)

Name of Creditor	Address & City	Purpose or Account	Original Amount	Present Balance	Monthly Payment
Mortgage/Landlord		<input type="checkbox"/> Renting <input type="checkbox"/> Buying	\$	\$	\$
Credit Cards			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Loans	Automobile-Year/Make		\$	\$	\$
	Automobile-Year/Make		\$	\$	\$
	Other		\$	\$	\$

	Name of Creditor	Present Balance	Monthly Payment	
Insurance	HomeOwners/Rental	\$	\$	
	Medical	\$	\$	
	Life	\$	\$	
	Automobile	\$	\$	
Utilities	Electric	\$	\$	
	Gas	\$	\$	
	Phone	\$	\$	
	Other	\$	\$	
Child Care	Child Support	\$	\$	
	Day-Care	\$	\$	
Other Expenses – Please specify		\$	\$	
		\$	\$	
Total Monthly Obligations			\$	
Are Any of Your Debts Past Due? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have You Ever Had Your Auto, Furniture or Property Repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Currently a Co-Maker on a Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer is yes to any of these questions, please explain	Comments:
Have You or Your Co-Applicant Ever Declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Give Date(s) _____ Comments:			
7. Assets (List all assets)		Amount		
House How much land is included with house? _____		\$		
Do you or your significant other own any kind of property jointly or with another person? If yes, please explain and list value		\$		
Vehicle(s)		\$		
Boats, snowmobiles, RVs, etc.		\$		
Other Assets (Please Explain) Collectibles, Guns, Furniture, Motors, Tools & Equipment		\$		
Checking Account		\$		
Savings Account		\$		
Other Investments (Stocks, Bonds, Retirement, IRA, etc)		\$		

8. REFERENCES

(May not be a director or employee of Tri-County Electric Cooperative or the Tri-County Electric People Fund)

Name of Relative Not Living With You	Address	Phone Number	Relationship
Personal Reference Not Related to Applicant	Address	Phone Number	Relationship

9. ARE YOU RECEIVING OR REQUESTING ANY OTHER FORM OF ASSISTANCE FOR THIS SAME NEED/SITUATION (DONATION, GRANT, ETC)? ___ YES ___ NO
IF YES, PLEASE LIST

10. I AM REQUESTING FUNDS BECAUSE:

The information I have given in this application is for the purpose of receiving a grant from the Tri-County Electric People Fund for the reasons and benefits stated. I understand that the information I have provided is used in deciding whether to grant my request. I represent and certify that the information provided is true and complete and that the Tri-County Electric People Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Tri-County Electric People Fund is authorized to make all inquiries deemed necessary to verify the accuracy of the statements I make herein. I understand that all information will be kept in the strictest confidence and will be used for the purposes intended. I understand that the Tri-County Electric People Fund has the right at any time to fully audit the use of any grant. I also understand that the Tri-County Electric People Fund and Tri-County Electric Cooperative may use this application, if approved, for publicity and promotional purposes, but that my name and address will not be used for this purpose unless approved by me prior to the promotion.

**SIGNATURE OF APPLICANT/RECIPIENT
OR REPRESENTATIVE/GUARDIAN**

Date

SIGNATURE OF SPOUSE/CO-APPLICANT

Date

CHECKLIST

- _____ **You reside in the Tri-County Electric service area (see attached map)**

- _____ **Filled out entire application. It is very important that you follow this checklist to make sure your application is complete. If your application is not complete it may be tabled or denied.**

- _____ **Specific details for #3 Use of Funds. The board wants a detailed breakdown of cost and documentation for what is being requested. If medical problems send a doctor's statement verifying illness.**

- _____ **Copy of your last federal income tax form and W-2 or SSI documentation. If you are self-employed include Schedule C.**

- _____ **Include a letter with your application providing additional information regarding your request.**

- _____ **If you are a homeowner include your latest property tax statement**

- _____ **Amount requested - Not to exceed \$2,500**

- _____ **Signed and dated.**