

# Firelands Electric People's Fund

## Individual Application

Keep this page for your records!

### Mission Statement

The mission of Firelands Electric People's Fund is the accumulation and disbursement of funds for charitable purposes in the Firelands Rural Electric Cooperative service area.

### Payment of Funds

Funds must be made payable directly to the vendor or provider of services by check. The Fund cannot reimburse for items or services already purchased.

Awarded funds must be used within 60 days of the award date. Awards may be renewed for one additional 60-day period at the Board's discretion.

### Contact Information

Please feel free to contact Shelley Magyar, People's Fund Coordinator, at (419) 929-1571 or smagyar@firelandsec.com with any questions or concerns regarding the application process.

### Checklist

\_\_\_\_\_ Filled out entire application. Do not staple ANY paperwork together.

\_\_\_\_\_ Specific details for #3 - Use of Funds. The board would like a detailed breakdown of cost for what is being requested. Include a quote or invoice for the item requested.

\_\_\_\_\_ Copy of your last federal income tax form and W-2 or social security statement.

\_\_\_\_\_ Amount requested

\_\_\_\_\_ Signed and dated

Next meeting: \_\_\_\_\_ Application Deadline: \_\_\_\_\_

**Please return application and supporting documentation to:**

Shelley Magyar, Firelands Electric Cooperative 103 Industrial Dr, New London, OH 44851  
or email smagyar@firelandsec.com

FIRELANDS ELECTRIC PEOPLE FUND  
 103 Industrial Dr.  
 New London, OH 44851  
 (419) 929-1571

APPLICATION FOR DONATION  
 FOR INDIVIDUAL / FAMILY

1. APPLICANT'S PERSONAL INFORMATION

FIRST NAME	LAST NAME	DATE OF BIRTH	
PRESENT ADDRESS		HOW LONG ?	PHONE #
CITY, STATE AND ZIP		E-MAIL	

2. AMOUNT REQUESTED: \_\_\_\_\_

3. PROPOSED USE OF FUNDS: \_\_\_\_\_

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4. INFORMATION REGARDING APPLICANT

PRESENT EMPLOYER	EMPLOYER'S ADDRESS	DATE EMPLOYED	
OCCUPATION	SUPERVISOR'S NAME	WORK PHONE	MONTHLY NET INCOME
PREVIOUS EMPLOYER	ADDRESS	HOW LONG	OCCUPATION
REAL ESTATE OWNED	ADDRESS	PURCHASE PRICE	DATE PURCHASED

5. OTHER MEMBERS OF THE HOUSEHOLD

FIRST	MIDDLE	LAST	RELATIONSHIP	EMPLOYER & INCOME

6. LIST ALL EXISTING DEBTS OF APPLICANT (SPOUSE & CO-APPLICANT)

CREDITOR	Loan Amount	Balance	Payment
<u>MORTGAGE</u>			
<u>CREDIT CARD</u>			
<u>OTHER</u>			
<u>OTHER</u>			
<u>OTHER</u>			
<u>OTHER</u>			

AUTOMOBILE MAKE, MODEL, AND YEAR	FINANCED BY	LOAN AMT	BALANCE	PAYMENT

ALIMONY, CHILD SUPPORT, ETC.	PAYMENT
OTHER MONTHLY DEBTS	PAYMENT

If you answer yes to any of the following questions, please explain on the back.

- Are any of your debts past due?  Yes  No
- Have you ever had your auto, property, or furniture repossessed?  Yes  No
- Have you or your co-applicant ever declared bankruptcy?  Yes  No
- Are you currently a co-signer on a loan?  Yes  No

7. ASSETS (House, Vehicles, Checking & Savings Accounts, Etc.)	\$ Amount / Value

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. REFERENCES (May not be a director or employee of Firelands Electric Co-op or the People Fund)

Name of Relative Not Living With You	Address	Phone #	Relationship
Personal Reference Not Related	Address	Phone #	Relationship
Personal Reference Not Related	Address	Phone #	Relationship

9. ARE YOU RECEIVING OR REQUESTING ANY OTHER FORM OF ASSISTANCE FOR THIS STATED REQUEST? (Donation, Grant, Etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES PLEASE EXPLAIN :

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10. ADDITIONAL COMMENTS:

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The information contained in this statement is for the purpose of obtaining funding from the Firelands Electric People Fund for the benefit of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding, and individually represents and warrants that the information provided is true and complete and that the Firelands Electric People Fund may consider this statement as continuing to be true and correct until a written notice of change is provided. The Firelands Electric People Fund is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. All information will be kept in the strictest confidence and will be used for the purposes intended. I understand that the Firelands Electric People Fund has the right to fully audit the use of the donation at any time. I also understand that the Firelands Electric People Fund and Firelands 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

\_\_\_\_\_  
Signature of Spouse / Co-Applicant

\_\_\_\_\_  
Date