

# COWETA-FAYETTE TRUST, INC.



807 Collinsworth Road  
Palmetto, GA 30268  
770-502-0226, FAX 770-251-9788

*Incomplete applications  
will not be considered.*

To be complete, all 5 pages of this application **MUST** be submitted with your personal statement attached. Please type or print clearly with dark ink.

## APPLICATION FOR DONATION FOR INDIVIDUAL/FAMILY

REQUEST

Amount of Request \_\_\_\_\_ Date of Application \_\_\_\_\_

Name/Address/Telephone of Person Completing Form: \_\_\_\_\_

**Please attach your personal statement to:**

- 1) tell how the funds will be used, and
- 2) explain the circumstances that have prompted your need of assistance

Have you received a grant from Coweta-Fayette Trust

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when was grant received \_\_\_\_\_

Amount of grant \_\_\_\_\_

**Please attach appropriate bids/estimates/bills directly relating to your request.**

PERSONAL INFORMATION

Name of Applicant \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Age \_\_\_\_\_

Coweta-Fayette EMC Member # \_\_\_\_\_

Address \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

List other members of household, including children (if children give ages) \_\_\_\_\_

PERSONAL REFERENCES

Please give three references from persons **OTHER** than relatives. (References may not be given by a director or employee of Coweta-Fayette Electric Membership Corporation or Coweta-Fayette Trust.)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

EMPLOYMENT INFORMATION

Is applicant currently employed? Yes \_\_\_ No \_\_\_ Is spouse currently employed? Yes \_\_\_ No \_\_\_

If not, please explain why \_\_\_\_\_

Gross MONTHLY earnings (include all employed members of the household)

**Attach 3 proofs of income**

Employer #1 \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Employer #2 \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Employer #3 \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Employment of Others in Household - Name \_\_\_\_\_

Employer #1 \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Employer #2 \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Salary/Wage \_\_\_\_\_

OTHER ASSISTANCE

List other social service agencies (DFCS, BOA, etc.) you have contacted (include name of contact person)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is individual or family receiving any other form of assistance or aid (donations, insurance, etc.) Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Incomplete applications including missing attachments will not be considered.*

# FINANCIAL STATEMENT

Date of this Statement \_\_\_\_\_

MONTHLY EXPENSES

<b>Housing</b>	Mortgage or rent payment .....	\$ _____
	Food .....	\$ _____
<b>Utilities</b>	Electricity .....	\$ _____
	Gas .....	\$ _____
	Telephone .....	\$ _____
	Water & Sewer .....	\$ _____
	Other .....	\$ _____
<b>Transportation</b>	Automobile Payments	
	Gasoline .....	\$ _____
<b>Insurance</b>	Homeowners/Renters Insurance .....	\$ _____
	Medical .....	\$ _____
	Life .....	\$ _____
	Automobile .....	\$ _____
<b>Credit Cards/Charge Accounts</b> (specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>Loan Payments</b> (specify)	_____	\$ _____
	_____	\$ _____
<b>Real Estate Taxes</b> (specify)	_____	\$ _____
<b>Other Expenses</b> (specify)	_____	\$ _____
<b>TOTAL MONTHLY EXPENSES</b> .....		\$ _____

MONTHLY INCOME

Total Gross Earnings for Household .....	\$ _____
Bonus, Tips and Commission .....	\$ _____
Social Security Benefits .....	\$ _____
Farm Income .....	\$ _____
Dividends & Interest .....	\$ _____
Real Estate Income .....	\$ _____
Alimony .....	\$ _____
Child Support .....	\$ _____
Food Stamps .....	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
<b>TOTAL MONTHLY INCOME</b> .....	\$ _____

*Incomplete applications including missing attachments will not be considered.*

**ASSETS**

Cash on Hand

Bank Name \_\_\_\_\_ Acct# \_\_\_\_\_ Checking Balance \$ \_\_\_\_\_

Bank Name \_\_\_\_\_ Acct# \_\_\_\_\_ Checking Balance \$ \_\_\_\_\_

Real Estate (list all property that you own, i.e. house, mobile home, acreage)

Property #1 \_\_\_\_\_ Amount Owed \_\_\_\_\_ Market Value \$ \_\_\_\_\_

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Property #1 \_\_\_\_\_ Amount Owed \_\_\_\_\_ Market Value \$ \_\_\_\_\_

Other Assets (personal property, auto, whole life insurance, retirement/pension/annuity - include description)

#1 \_\_\_\_\_ Amount Owed \_\_\_\_\_ Cash value \$ \_\_\_\_\_

#2 \_\_\_\_\_ Amount Owed \_\_\_\_\_ Cash value \$ \_\_\_\_\_

#3 \_\_\_\_\_ Amount Owed \_\_\_\_\_ Cash value \$ \_\_\_\_\_

#4 \_\_\_\_\_ Amount Owed \_\_\_\_\_ Cash value \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

**LIABILITIES**

Note payable & Mortgage (list home loan, car loans, credit card debt, student loans)

Lender Name, Address, Phone # \_\_\_\_\_ \$ \_\_\_\_\_

Lender Name, Address, Phone # \_\_\_\_\_ \$ \_\_\_\_\_

Lender Name, Address, Phone # \_\_\_\_\_ \$ \_\_\_\_\_

Other Debt (Taxes, Bills, Miscellaneous- include address) Attach list if necessary

Debt #1 \_\_\_\_\_ \$ \_\_\_\_\_

Debt #2 \_\_\_\_\_ \$ \_\_\_\_\_

Debt #3 \_\_\_\_\_ \$ \_\_\_\_\_

Debt #4 \_\_\_\_\_ \$ \_\_\_\_\_

Debt #5 \_\_\_\_\_ \$ \_\_\_\_\_

Debt #6 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

The information contained in this application is for the purpose of obtaining funding from the Coweta-Fayette Trust on behalf of the applicant. Each applicant understands that the information provided in this application is used to determine grant funding, and each applicant guarantees that the information provided in this application is true and complete and that the Coweta-Fayette Trust may consider this application as continuing to be true and correct until a written notice of change is provided. The Coweta-Fayette Trust is authorized to make all inquiries they deem necessary to verify the accuracy of this application, including a credit report. This could include a criminal background check with local and state agencies. An investigator on behalf of the Coweta-Fayette Trust may verify all information shown on this application.

Action by the Board of Directors of the Coweta-Fayette Trust is final.

Applicant hereby releases Coweta-Fayette Trust, its directors, agents and employees from any and all claims for damages to applicant and applicant's agents as to privacy matters, which claims are hereby expressly waived; further, applicant and applicant's agent release Coweta-Fayette Trust, its directors, agents and employees from any and all claims for damages to applicant and applicant's agent in the event Coweta-Fayette Trust should deny the application which claims are hereby expressly waived.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

***Incomplete applications including missing attachments will not be considered.***

**IMPORTANT APPLICANT INFORMATION**

The Operation Round-Up Trust Board meets in January, March, May, July, September and November. Applications must be received at Coweta-Fayette EMC by the 20th day of the month before the meeting. Example, June 20 is the deadline for the July meeting, etc.

*Please follow instructions on the application carefully and include ALL information requested.*

**Notification:** You will be notified by mail of the Board's decision on the request.

**Individual/Family applications (Incomplete applications including missing attachments will not be considered.)**

Personal statement - written detailed description (on separate sheet) of the circumstances that prompted this request and how the funds will be used.

Include letters from doctors about medical condition(s) if information supports your request.

Must include 3 months proof of Income (Check Stub, Social Security/SSI/Food Stamp Statement)

Applicants requesting assistance with household bills must provide a Budget Action Plan from Consumer Credit Counseling Service (1-800-251-2227) before the Trust Board will review the application.

If renting, include lease agreement and name, address and phone number of landlord.

Include copies of all monthly bills, invoices or statements as well as copies of bids/estimates, etc.

Requests to pay just a utility bill (electric, gas, etc.) will NOT be considered.

Send application to: Coweta-Fayette EMC  
807 Collinworth Road  
Palmetto, GA 30268  
  
Newnan office: 14 Hospital Road, Newnan, Georgia 30263  
Fayette office: 103 Sumner Road, Fayetteville, Georgia 30214

**CONSENT FORM**

I hereby authorize the Coweta-Fayette Trust, Inc. to receive any criminal history record information pertaining to me which may be in the files of any state and local criminal justice agency in Georgia.

Full Name Printed \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Alien Status \_\_\_\_\_ ( Attach proof if applicable)

Signature \_\_\_\_\_

**Notice**

Criminal justice agencies which disseminate criminal history records to private individuals and to public and private agencies shall advise all requestors that, if an employment or licensing decision adverse to the record subject is made, the record subject must be informed by the individual agency making the adverse decision of all information pertinent to that decision. This disclosure must include information that a criminal history record check was made, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor. This disclosure requirement applies to criminal justice agencies when such agencies make employment licensing decisions adverse to record subjects.

Notary \_\_\_\_\_

Date \_\_\_\_\_

Seal: \_\_\_\_\_

Expiration Date \_\_\_\_\_