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 _____ Age_____
Last First Middle

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

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

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 _____	$ _____
TOTAL MONTHLY INCOME	$ _____

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 $ _____

Property #1_____ Amount Owed_____ Market Value $ _____

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 Collinsworth 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