

Donation application for individual and/or family

Please **type or print** information requested.

Name _____
Last First Middle

Address _____
Street or PO Box

City State Zip Code

Phone number _____
Home Work

Email _____

1. List other members of household.

Last name	First	Middle	Relationship
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

2. Employer of applicant and individual listed above in 1a.

Name of employer	Full time	Part time
Applicant _____	_____	_____
1a. _____	_____	_____

3. Total household income from all sources including wages, child support, social security, unemployment, retirement pension, welfare and other. \$ _____

4. Total expense for same period. \$ _____

5. How much does the household have now in cash, checking and savings? \$ _____

6. Estimated value of all assets owned. \$ _____

7. Purpose of request. Include amount requested. Please be as specific as possible as to use the funds and the nature of emergency.

Amount you are requesting: \$_____

8. Is individual or family receiving any other form of assistance or aid for above stated request? Donations, insurance, federal, state or local governmental aid, etc.

Yes _____ No _____

If yes, please list below.

9. Are you a member of Wright-Hennepin Cooperative Electric Association? _____

Please list three references. Do not include anyone from Wright-Hennepin's Board of Directors or Trust Board.

Name	Phone		
Address	City	State	Zip
Name	Phone		
Address	City	State	Zip
Name	Phone		
Address	City	State	Zip

The information contained in this statement is for the purpose of obtaining funding from Wright-Hennepin Electric Trust (WHET) on behalf of the undersigned. Each undersigned understands the information provided herein is used in deciding to grant funding. Each undersigned represents and warrants the information provided is true and complete and WHET may consider this statement as continuing to be true and correct until a written notice of a change is provided. WHET is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein.

Name of applicant/recipient _____

Signature of spouse _____

Date _____

Please mail complete application and necessary forms to the address below:

Wright-Hennepin Electric Trust
PO Box 330
Rockford, MN 55373-0330

