AIKEN ELECTRIC TRUST

PO Box 417 Aiken SC 29802-0417 Phone: (803) 649-6245

Fax: (803) 641-8310

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

Fire	st Mid	ldle Last	AGE	
Other Members	s of Household:			
First Name	Middle Name	Last Name	Relationship	A
ı				
۸				
Address:	Street or Post Office Box			
	City or Town	State	Zip Co	de
Phone Number				
Phone Number	Home or Cell		Work	
Employer of th	ose listed in No. 1 and No.	2 above:		
Employer or un	ose listed in 1vo. 1 and 1vo.	2 400 vc.		
(1) Employer's Na	me	Supervisor		
(1) Employer's Na	me	Supervisor		
Employer's Na	me	Supervisor		
Employer's Na Address	me	Supervisor		
Employer's Na	me	Supervisor		
Employer's Na Address (2a)	me	Supervisor Phone		

	Employer's Name	Supervisor
	Address	Phone
(2c)		
	Employer's Name	Supervisor
	Address	Phone
(2d)	Employer's Name	Supervisor
	Employer 8 Name	Supervisor
	Address	Phone
(2e)	Employer's Name	Supervisor
	Employer s value	Supervisor
	Address	Phone
Pleas	unt Requested \$ se state reason for request and t for an electric bill.	he specific use of funds. Please note that funds can
Pleas	se state reason for request and t	he specific use of funds. Please note that funds can
Pleas	se state reason for request and t	he specific use of funds. Please note that funds can
Pleas	se state reason for request and t	he specific use of funds. Please note that funds can
Pleas	se state reason for request and t	he specific use of funds. Please note that funds can
Pleas	se state reason for request and t	he specific use of funds. Please note that funds can
Pleas	se state reason for request and t	he specific use of funds. Please note that funds can
Pleas	se state reason for request and to	he specific use of funds. Please note that funds can
Pleas used Is incoreque	se state reason for request and to for an electric bill.	

ASSETS			AMOUNTS
Cash			\$
	Banking Institution	Acct. No.	
	Banking Institution	Acct. No.	\$
	Banking Institution	Acct. No.	Φ
Real Estate			\$
	Partial or Wholly Owned	County	Market Value
			\$
	Partial or Wholly Owned	County	Market Value
	Partial or Wholly Owned	County	Market Value
Securities			\$
	Description	Identification No.	Value \$
	Description	Identification No.	Value
	Description	Identification No.	Value
her Receiva	ables (State Type: Personal l Insurance (Cash Valu Account No., etc.)	Property, Loan Receive e) Other Assets. Includ	
			\$ Value
	Type		Φ
	Туре		\(\sigma_{\text{Value}}\)
			· ·

8. Statement of Financial Condition as of _______, 20_____.

AMOUNTS LIABILITIES Notes Payable Lender's Name Lender's Address Lender's Name Lender's Address Lender's Name Lender's Address Mortgage Mortgagor's Name Mortgagor's Address Mortgagor's Name Mortgagor's Address Other Debt (State Type: Taxes, Bills Outstanding, Other) Туре Туре Type **TOTAL LIABILITIES**

THLY EXPENSE	2S	AMOUNT
Housing	Mortgage Rent	\$
Food		\$
Utilities	Electricity Gas Telephone	\$ \$ \$
Transportation	Automobile payments Gasoline	\$ \$
Insurance	Medical Life	\$ \$
Medical	Automobile Doctors Hospital Medication	\$ \$ \$
Charge Accounts (Specify)		\$ \$ \$ \$
Loans (Specify)		\$ \$
Taxes (Specify)		\$ \$ \$
Other Expenses (Specify)		\$ \$ \$

SOURCES OF MONTHLY INCOME FOR EVERYO		Φ.
Salary	(Employer's Name)	\$
Salary	(Employer's Name)	\$
Social Security Income: (monthly amount)		\$
Bonus, Tips, Commissions or Real Estate Income	:	\$
Other Income: (Please State: Disability, Alimony, Child S	Support, Dividends & Intere	est, Other)
		\$
Type		\$
Type		
Type	<u> </u>	\$
OTAL SOURCES OF MONTHLY INCOME		\$
		e
ame		e
ame ddress City	Phone	e Zip Code
ame ddress City ame	Phone	e Zip Code
ame ddress City ame ddress City	Phone State Phone	Zip Code Zip Code
ame ddress City ame	Phone State Phone State	Zip Code Zip Code
ddress City ame ddress City ame	Phone State Phone State Phone State Phone State Phone State or from the Aiken Electric Trust or one, and each undersigned represent continuing to be true and correct continuing to be true and correct	Zip Code Zip Code Zip Code Zip Code behalf of the undersigned. Each units and warrant that the information t until a written notice of a change is
ame ddress City ame ddress City ame ddress City e information contained in this statement is for the purpose of obtaining funding derstands that the information provided herein is used in deciding to grant funding and complete and that the Aiken Electric Trust may consider this statement as	Phone State Phone State Phone State Phone State Phone State or from the Aiken Electric Trust or one, and each undersigned represent continuing to be true and correct continuing to be true and correct	Zip Code Zip Code Zip Code Zip Code behalf of the undersigned. Each units and warrant that the information t until a written notice of a change is