

COOKSON HILLS ELECTRIC FOUNDATION, INC

INDIVIDUAL APPLICATION

**1002 E. Main - PO Box 539
Stigler, OK 74462**

**1800 KOA/Power Drive- PO Box 587
Sallisaw, OK 74955**

Application Deadline _____
Meeting Date _____

Dear Applicant:

Please be sure to completely fill out this application. Be specific with your request and detailed with the amount requested. If you need more space than what is allotted for the information, please attach a sheet. Include a copy of some form of identification for dependent children (i.e. social security card, TANF check, etc.)

We *recommend* you have someone such as a doctor, counselor, or social worker attach a letter that details the need or purpose of the request. If you have any questions, please call Felicia Wixom at 1-800-328-2368 and she will assist you filling out this paperwork. Applications may be delayed or denied due to incomplete or insufficient information. You will be notified by mail of the Board's decision on your application.

Thank you in advance for your cooperation.

Cookson Hills Electric Foundation, Inc.

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**APPLICATION FOR DONATION
FOR INDIVIDUAL AND/OR FAMILY**

1. Full Name: _____

Date of Birth: _____

2. Other Members of Household: (include proof of dependency for minor children)

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

3. Address: _____
Street or Post Office Box

City or Town

State

Zip

4. Phone No. _____
Home Work

5. Employer of those listed in No. 1 and No. 2 above:

(1) _____
Name Supervisor

Address Phone

(2a) _____
Name Supervisor

Address Phone

(2b)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2c)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone
(2d)	_____	_____
	Name	Supervisor
	_____	_____
	Address	Phone

6. Reason for Request for Donation: (Include amount requested and specific use of funds, list items and prices or attach copy of original estimates)

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes ____ No ____

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

ASSETS

AMOUNTS

Cash

Banking Institution	Acct. No.	\$ _____
Banking Institution	Acct. No.	\$ _____
Banking Institution	Acct. No.	\$ _____

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

Other Receivables:

(State type: Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value), Other Assets. Include description, account number, etc.)

_____	Type	\$ _____ Value
_____	Type	\$ _____ Value
_____	Type	\$ _____ Value
_____	Type	\$ _____ Value

TOTAL ASSETS

\$ _____

LIABILITIES

AMOUNTS

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

\$ _____

Mortgagor's Name

Mortgagor's Address

TOTAL LIABILITIES

\$ _____