



Codington-Clark Electric Charitable Fund, Inc.

PO Box 880
 Watertown, SD 57201-0880
 Phone # (605) 886-5848

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

1. Name: _____ Age: _____
 (First/Middle/Last)

2. Other Members of Household:

Name:(First/Middle/Last) Age
 Relationship

a)
b)
c)
d)
e)

3. Address: _____

4. City/State/Zip: _____

5. Phone Number: _____

6. Employer of those in No. 1 and No. 2 above:

Employer	Address	Supervisor	Phone
1.			
2. Employer for Other Members of Household			
a.			
b.			
c.			
d.			
e.			

7. Reason for Request for Donation: *(Include amount requested and specific use of funds.)*

8. Is individual of family receiving any other form of assistance or aid for above stated request?

YES NO

If YES, please indicate type of assistance ie. Food Stamps, AFDC, donations, insurance, etc.)

9. Statement of Financial Condition as of _____, 20__

ASSETS

Amounts

Cash

Banking Institution	Account No.	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Real Estate

Partial or Wholly Owned	County	Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Securities

Description	Identification No.	Value
_____	_____	_____
_____	_____	_____

Other Receivables

(State Type: Personal Property, Loan Receivable, Auto, Life Ins. (Cash Value),
Other Assets; Include description, Account No., etc.)

Type	Value
_____	_____
Type	Value
_____	_____
Type	Value

TOTAL ASSETS

Total

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	_____

Other Debt (State Type: Taxes, Outstanding Bills, and Other)

Type	_____
Type	_____
Type	_____

TOTAL LIABILITIES

MONTHLY EXPENSES		Total
		Amounts
Housing	<input type="checkbox"/> Mortgage	_____
	<input type="checkbox"/> or Rent	_____
Food	Food	_____
Utilities	Electricity	_____
	Gas	_____
	Telephone	_____
Transportation	Automobile Payments	_____
	Fuel	_____
Insurance	Medical	_____
	Life	_____
	Automobile	_____
Medical	Doctors	_____
	Hospital	_____
	Medication	_____
Charge Accounts (Specify)	_____	_____
	_____	_____
	_____	_____
Loans (Specify)	_____	_____
	_____	_____
	_____	_____
Taxes (Specify)	_____	_____
	_____	_____
	_____	_____
Other Expenses (Specify)	_____	_____
	_____	_____
	_____	_____

TOTAL MONTHLY EXPENSES

Total

SOURCES OF MONTHLY INCOME

Amounts

Salary	_____
Bonus, Tips, & Commissions	_____
Dividends & Interest	_____

Real Estate Income

Farm Income

Other

Alimony

Child Support

Food Stamps

Social Security

SSI

Other

TOTAL SOURCES OF MONTHLY INCOME

Total

10. Please list three references: (Must not be a director or employee of Codington-Clark Electric Cooperative, Inc.)

Name	Address	City/State/Zip	Phone
1.			
2.			
3.			

The information contained in this statement is for the purpose of obtaining funding from the Codington-Clark Electric Charitable Fund, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Codington-Clark Electric Charitable Fund, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Codington-Clark Electric Charitable Fund, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.



NAME OF APPLICANT/RECIPIENT

SIGNATURE OF SPOUSE

DATE

Deadline for submitting this application is February 17, 2025.