



# Lake Region Electric Cooperative Foundation, Inc.

516 Lake Region Rd. • Hulbert, OK 74441  
918-772-2526 • 800-364-LREC(5732) • www.lrecok.coop

A Touchstone Energy® Cooperative 

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 is allotted for the information, please attach a sheet.

We recommend, if you are completing an individual request, that you have someone such as a doctor, counselor, or social workers attach a letter that details the need or purpose of the request. Also, include a copy of your drivers' license and some form of identification for dependent children (i.e. social security cards, birth certificates, etc.)

**Before submitting application, please make sure you have reviewed and completed the following check list:**

- Is your application complete?
- Have you specified what you are requesting?
- Have you provided a dollar amount for your request?
- Have you provided estimates and/or invoices with detailed information?
- Have you provided a letter from a case/social worker, doctor, counselor, pastor, etc?
- Have you provided a copy of some form of identification for dependent children if applicable? (i.e. Social Security cards, TANF check, etc.)
- Have you provided three references?
- Have you provided a copy of your drivers' license?
- Did you sign your application?

If you have any questions, please call our office at 918-772-2526 or 800-364-LREC for assistance. You will be notified of the board decision on your funding request by mail.

**Incomplete applications may be delayed or denied due to incomplete or insufficient information.**



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## Application for Donation for Individual and/or family

Application deadline is 4 p.m. on the 1st day of January, April, July, and October.

**An incomplete application may not be considered.**

1. Name \_\_\_\_\_

2. Other members of the household: (include proof of dependency for minor children)

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

3. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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

(1) Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_

(2a) Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_

(2b) Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_

(2c) Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_

(2d) Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_

(2e) Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone \_\_\_\_\_

### FOR LAKE REGION ELECTRIC COOPERATIVE FOUNDATION, INC. USE ONLY

APPROVED Date: \_\_\_\_\_ Amount approved: \_\_\_\_\_

DENIED Date: \_\_\_\_\_

Chairman \_\_\_\_\_ LREC FOUNDATION \_\_\_\_\_

# Application for Donation for Individual And/or family

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6. Reason for request for donation: (Include amount requested and specific use of funds. If request is for children, include age and size)

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Amount of Donation Requested:

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7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)?

Yes  No

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8. Are you served electric power by Lake Region Electric Cooperative?

Yes  No

9. Is so, do you authorize permission to enroll your account(s) in LREC's Operation Round-Up program, if awarded funds?

Yes  No

10. Statement of financial condition as of (DATE) \_\_\_\_\_, 20\_\_\_\_

## ASSETS - CASH

Banking Institution	Amount
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

## ASSETS - REAL ESTATE

Partial or Wholly Owned	Amount
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

## ASSETS - SECURITIES

Partial or Wholly Owned	Amount
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

# Application for Donation for Individual And/or family

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**Other Receivables - State type and include description: personal property, loan receivable, auto, life insurance (cash value), other assets.**

Type	Value
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

## 11. MONTHLY EXPENSES

	Amount
a. <b>Housing</b> <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent.....	\$ _____
b. <b>Food</b> .....	\$ _____
c. <b>Utilities</b>	
Electricity .....	\$ _____
Gas .....	\$ _____
Telephone.....	\$ _____
d. <b>Transportation</b>	
Automobile Payments .....	\$ _____
Gasoline.....	\$ _____
e. <b>Insurance</b>	
Medical .....	\$ _____
Life.....	\$ _____
Automotive.....	\$ _____
f. <b>Medical</b>	
Doctors .....	\$ _____
Hospital.....	\$ _____
Medication .....	\$ _____
g. <b>Charge</b> .....	\$ _____
<b>Accounts</b> .....	\$ _____
<b>(specify)</b> .....	\$ _____
_____.....	\$ _____
h. <b>Loan</b> .....	\$ _____
<b>Accounts</b> .....	\$ _____
<b>(specify)</b> .....	\$ _____
_____.....	\$ _____
i. <b>Taxes</b> .....	\$ _____
_____.....	\$ _____
j. <b>Other</b> .....	\$ _____
<b>Expenses</b> .....	\$ _____
<b>(specify)</b> .....	\$ _____
_____.....	\$ _____
<b>TOTAL MONTHLY EXPENSES</b> .....	<b>\$ _____</b>

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## 12. SOURCES OF MONTHLY INCOME

k. Salary - Employer's Name .....\$ \_\_\_\_\_

l. Bonus, Tips & Commissions .....\$ \_\_\_\_\_

m. Dividends & Interest .....\$ \_\_\_\_\_

n. Real Estate Income .....\$ \_\_\_\_\_

o. Farm Income .....\$ \_\_\_\_\_

p. Other (Specify: .....\$ \_\_\_\_\_  
Alimony, Child.....\$ \_\_\_\_\_  
Support, etc.).....\$ \_\_\_\_\_

TOTAL SOURCES OF MONTHLY INCOME .....\$ \_\_\_\_\_

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## 13. PERSONAL REFERENCES

Please list three references. (May not be a director or employee of Lake Region Electric Cooperative or the Lake Region Electric Cooperative Foundation, Inc.)

q. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

r. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

s. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the Lake Region Electric Cooperative Foundation, 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 Lake Region Electric Cooperative Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Lake Region Electric Cooperative Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_, hereby consent that the photographs, videos, and/or electronic images for which I posed or which are taken as a result of my participation with Lake Region Electric Cooperative Foundation Inc.'s Operation Round-Up may be used by Lake Region Electric Cooperative Foundation, Inc., Lake Region Electric Cooperative, or Oklahoma Association of Electric Cooperatives, its employees, agents, and representatives, and others authorized by the Foundation ("Indemnities") in whatever way they may desire, including, but not limited to, media press releases. I consent that any such photographs, films, recordings, electronic images, or other media upon or from which they were made or produced shall be their property, and they shall have the right to duplicate, reproduce and make other such use of said photographs, videos, and/or electronic images and/or audio recordings as they may desire, without any claim on my part. I will defend, indemnify, and hold the Indemnities and each of them harmless from all liability, damage, loss, and claims arising from or in any way associated with the use by the Indemnities, or any of them, of the photographs, videos, and/or electronic images and/or audio recordings of myself as described above.

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_