



C.A.R.E. Charity, Inc.

Application for Financial Assistance – Individual and/or Family

Incomplete applications will automatically be denied assistance.

It is extremely important that you fill out all 5 pages of this application completely. Please type or print clearly with dark ink.

■ Amount of request: _____

■ Date of application: _____

■ Explain how the funds will be used and describe the circumstances that have prompted this request. **Documentation such as invoices, bills, etc. must accompany request. If your application is selected to receive assistance, it will be in the form of a check made payable to a qualified organization such as a creditor or vendor.**

Please attach appropriate bids/estimates/bills directly relating to your request.

APPLICANT'S LAST NAME FIRST MIDDLE

SPOUSE/CO-APPLICANT'S LAST NAME FIRST MIDDLE

STREET ADDRESS CITY STATE ZIP COUNTY

HOME PHONE# WORK PHONE# AGE OF APPLICANT

Do you OWN or RENT your home? Own Rent

■ List other members of household and their ages (including children):

LAST NAME FIRST MIDDLE AGE

LAST NAME FIRST MIDDLE AGE

LAST NAME FIRST MIDDLE AGE

LAST NAME FIRST MIDDLE AGE

LAST NAME FIRST MIDDLE AGE

LAST NAME FIRST MIDDLE AGE

REQUEST

PERSONAL INFORMATION

MAIL COMPLETED APPLICATION AND RELATED DOCUMENTS TO:
C.A.R.E. Charity, Inc.
P.O. Box 7388
Fredericksburg, VA
22404

PLEASE NOTE:
Applications must be received by Tuesday, February 28, 2012

Only one application can be submitted for review in a twelve month period and applicant must be a resident in Rappahannock Electric Cooperative's service territory.

Applicant may not receive funding from C.A.R.E. Charity, Inc. more than once in any 24 month period and C.A.R.E. Charity, Inc. will not provide funding for payment of Rappahannock Electric Cooperative bills.



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PERSONAL REFERENCES

■ Please give three references from persons other than relatives.

(References may not be relatives of the person(s) requesting assistance. A director or employee of Rappahannock Electric Cooperative or CARE Charity, Inc. may not serve as a reference.)

1. _____
NAME PHONE #

STREET ADDRESS CITY STATE ZIP CODE

OCCUPATION RELATIONSHIP TO APPLICANT

2. _____
NAME PHONE #

STREET ADDRESS CITY STATE ZIP CODE

OCCUPATION RELATIONSHIP TO APPLICANT

3. _____
NAME PHONE #

STREET ADDRESS CITY STATE ZIP CODE

OCCUPATION RELATIONSHIP TO APPLICANT

EMPLOYMENT INFORMATION

■ Is applicant currently employed? Yes No

■ If not, PLEASE EXPLAIN WHY? _____

■ Gross MONTHLY earnings: _____
(INCLUDE ALL EMPLOYED MEMBERS OF THE HOUSEHOLD)

■ Employment History of the Applicant:

NAME

EMPLOYER #1 SUPERVISOR

STREET ADDRESS PHONE #

DATES OF EMPLOYMENT SALARY/WAGE

EMPLOYER #2 SUPERVISOR

STREET ADDRESS PHONE #

DATES OF EMPLOYMENT SALARY/WAGE

■ Employment History of Others in the Household:

NAME

EMPLOYER #1 SUPERVISOR

STREET ADDRESS PHONE #

DATES OF EMPLOYMENT SALARY/WAGE

EMPLOYER #2 SUPERVISOR

STREET ADDRESS PHONE #

DATES OF EMPLOYMENT SALARY/WAGE



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OTHER ASSISTANCE

- List other social service agencies you have contacted (include name of contact person): _____

- Is individual or family receiving any other form of assistance or aid (donations, insurance, etc.)? Yes No
- If yes, please list: _____

MONTHLY EXPENSES

FINANCIAL STATEMENT Date of this statement: _____

Monthly Payments and Costs:

Housing:
 Mortgage or Rent payment \$ _____
 Food \$ _____

Utilities:
 Electricity \$ _____
 Gas \$ _____
 Telephone \$ _____
 Water and Sewer \$ _____
 Other \$ _____

Transportation:
 Automobile Payments \$ _____
 Gasoline \$ _____

Insurance:
 Home Owners/Renters Insurance \$ _____
 Medical \$ _____
 Life \$ _____
 Automobile \$ _____

Medical:
 Doctors \$ _____
 Hospital \$ _____
 Medication \$ _____

Credit Card # _____ Bal. \$ _____
 Monthly Payments (specify): \$ _____
 Credit Card # _____ Bal. \$ _____
 Monthly Payments (specify): \$ _____
 Credit Card # _____ Bal. \$ _____
 Monthly Payments (specify): \$ _____
 Loan Payments _____ Bal. \$ _____
 (specify): \$ _____
 Real Estate Taxes: _____ \$ _____
 Other Expenses (specify): _____ \$ _____
Total Monthly Expenses \$ _____



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MONTHLY INCOME

FINANCIAL STATEMENT Continued

Total Gross Earnings for Household	\$	
Bonus, Tips & Commission	\$	
Social Security Benefits	\$	
Farm Income	\$	
Temporary Assistance for Needy Families (TANF)	\$	
Food Stamps	\$	
Alimony/Spousal Support	\$	
Child Support	\$	
Other	\$	
Other	\$	
Other	\$	
Total Monthly Income	\$	

ASSETS

■ Cash on hand:

BANK NAME	ACCT#	Bal.	\$	
BANK NAME	ACCT#	Bal.	\$	

■ Real Estate (list all property that you own, i.e. house, mobile home, acreage):

PROPERTY #1	AMOUNT OWED	Mkt. Value	\$	
PROPERTY #2	AMOUNT OWED	Mkt. Value	\$	
PROPERTY #3	AMOUNT OWED	Mkt. Value	\$	

■ Other Assets (personal property, auto, whole life insurance including description):

#1	AMOUNT OWED	Mkt. Value	\$	
#2	AMOUNT OWED	Mkt. Value	\$	
#3	AMOUNT OWED	Mkt. Value	\$	
#4	AMOUNT OWED	Mkt. Value	\$	

Total Assets \$ _____



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LIABILITIES

Notes Payable & Mortgage (list home loan, car loans, credit card debt, student loans):

Loan #1, LENDER NAME & ADDRESS, Loan #2, LENDER NAME & ADDRESS, Loan #3, LENDER NAME & ADDRESS

Other Debt (taxes, bills, miscellaneous - attach list if necessary):

Debt #1, Debt #2, Debt #3, Debt #4, Debt #5, Debt #6, Total Liabilities

The information contained in this application is confidential and is for the purpose of obtaining assistance from C.A.R.E. Charity, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used to determine assistance, and each undersigned represents and warrants that the information provided is true and complete and that C.A.R.E. Charity, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF SPOUSE/CO-APPLICANT DATE

If you are not the applicant, but are completing this document on behalf of the applicant, please sign below:

SIGNATURE DATE

RELATIONSHIP TO APPLICANT

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