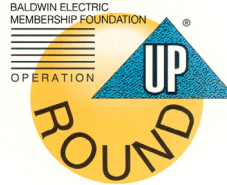


# Application for Individual and/or Family



Dear Applicant,

The mission of the Baldwin County Electric Membership Charitable Foundation is the accumulation and disbursement of funds for charitable purposes to organizations and individuals located within Baldwin and southern Monroe County. Such disbursements of funds shall be for needs related to food, shelter, clothing, health, education and environment. This endeavor will reflect Baldwin EMC's goal of being a member focused, efficient and community involved cooperative.

**Please be sure that you fill out the application in its entirety and that you attach any documents that are requested. Incomplete applications will not be considered.** Those documents include:

1. Copies of supporting current documents for your request. Do not send any documents/bills, letters, etc. that you want returned (copies only, please). When grants are given, the most current bill will be required.
2. A copy of your most recent tax return, both federal and state (including all schedules), is required. Do not send your original (copies only, please).
3. If applicable, a current statement of disability from your physician or social services.
4. A personal letter explaining the circumstances surrounding your current situation and your request.
5. A Release of Liability and Hold Harmless Agreement Form is required. A notarized signature of this document is required by the applicant, and if the applicant is married, the applicant's spouse's notarized signature is also required on the duplicate form attached.
6. If you are requesting consideration for repairs to your home, include estimates based on the same specifics from three licensed contractors, along with copies of their business license, proof of liability insurance, and Taxpayer Identification Number and Certification (Federal Form W-9). This information is required. Grants cannot be considered for rental property.

All completed applications will be reviewed and processed as soon as possible. Under normal circumstances, this process should be complete in about 90 days.

It is the applicant's responsibility to ensure all applications are complete. If for any reason the application is not filled out in its entirety, the application will be returned to the applicant to be completed. A checklist with mailing instructions is provided on pages 10 and 11. If an application is returned to the applicant, it may delay the processing. The Foundation is only allowed to grant up to \$5,000 per a 12-month period to any individual or family.

Should you have any questions, please call (251) 989-0155.

For the Board,



Roberta Mullek  
Chairman  
Baldwin County Electric Membership Charitable Foundation

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

## Application for Individual and/or Family

All sections must be completed and accompanied by documentation, as required.

If necessary, you may attach additional sheets of paper to complete information.

Amount of Request: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name/Address/Telephone of Person Completing form: \_\_\_\_\_

Have you ever received a grant from Baldwin County Electric Membership Foundation? Yes \_\_\_ No \_\_\_

If yes, when was grant received? \_\_\_\_\_ Amount of grant: \_\_\_\_\_

Was grant received under same name? Yes \_\_\_ No \_\_\_ If no please include name \_\_\_\_\_

Please attach a personal letter that describes:

- The circumstances that have prompted your need of assistance and proposed resolution.
- How will the funds will be used?

Submit any estimates or bills directly related to your request.

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Baldwin EMC Member/Account # (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
Street (911) and if applicable P.O. Box

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ SSN Last Four: \_\_\_\_\_

List other members of household, including children:

Name	Relationship	Age	Employer	Name	Relationship	Age	Employer
------	--------------	-----	----------	------	--------------	-----	----------

\_\_\_\_\_

\_\_\_\_\_

Please provide two references from persons other than relatives and one business/professional. (References may not be given by a director or employee of Baldwin EMC or Baldwin County Electric Membership Charitable Foundation.)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

All applications must be completely filled out and accompanied by requested documentation for consideration.

Is applicant currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Is spouse currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, list last employer and employment dates and please explain why: \_\_\_\_\_

Have you refused work in the last twelve months? If yes, why: \_\_\_\_\_

Gross Monthly earnings (include all employed members of the household)

Please attach three (3) months proof of income.

*Employer #1* \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Dates of Employment \_\_\_\_\_ Salary/Wage \_\_\_\_\_

*Employer #2* \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Dates of Employment \_\_\_\_\_ Salary/Wage \_\_\_\_\_

Employment of Others in Household – Name

*Employer #1* \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Dates of Employment \_\_\_\_\_ Salary/Wage \_\_\_\_\_

*Employer #2* \_\_\_\_\_ Supervisor \_\_\_\_\_

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

Dates of Employment \_\_\_\_\_ Salary/Wage \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All applications must be completely filled out and accompanied by requested documentation for consideration.

**All sections marked by \* must be accompanied with documentation.**

Housing: *	Mortgage or rent payment	\$ _____
	Food	\$ _____
Utilities: *	Electricity	\$ _____
	Gas	\$ _____
	Telephone (include cell phone bills)	\$ _____
	Water/Sewer/Trash Pick-up	\$ _____
	Cable/Satellite TV	\$ _____
	Internet Service	\$ _____
	Other	\$ _____
Transportation:*	Automobile Payments	\$ _____
	Gasoline	\$ _____
	Tag/Tax	\$ _____
Insurance:*	Medical/Dental/Vision	\$ _____
	Life/Burial	\$ _____
	Automobile	\$ _____
	Homeowners/Rental	\$ _____
Credit Cards:*		
Charge Accounts:*( Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Loan Payments:*( Specify)	_____	\$ _____
	_____	\$ _____
Real Estate Taxes:*( Specify)	_____	\$ _____
Other Expenses:*( Specify)	_____	\$ _____
	_____	\$ _____
	<b>Total Monthly Expenses:*</b>	\$ _____

	Total Gross Earnings for Household	\$ _____
	Bonus, Tips & Commission	\$ _____
	Social Security Benefits	\$ _____
	Farm Income	\$ _____
	Dividends & Interest	\$ _____
	Real Estate Income	\$ _____
	Alimony	\$ _____
	Child Support	\$ _____
	Food Stamps	\$ _____
	Other	\$ _____
	Other	\$ _____
	Other	\$ _____
	<b>Total Monthly Income:*</b>	\$ _____

All applications must be completely filled out and accompanied by requested documentation for consideration.

Cash On Hand:*			
Bank Name _____	Acct. # _____	Balance	\$ _____
Bank Name _____	Acct. # _____	Balance	\$ _____
Real Estate:* (list all property you own, i.e. house, mobile home, acreage):			
Property #1 _____	Amt. Owed _____	Mkt. Value	\$ _____
Property #2 _____	Amt. Owed _____	Mkt. Value	\$ _____
Property #3 _____	Amt. Owed _____	Mkt. Value	\$ _____
<u>Please attach proof of home ownership (Deed, Title)</u>			
Other Assets: * (Personal property, auto, whole life insurance, retirement/pension/annuity – include description)			
#1 _____	Amt. Owed _____	Cash Value	\$ _____
#2 _____	Amt. Owed _____	Cash Value	\$ _____
#3 _____	Amt. Owed _____	Cash Value	\$ _____
<b>Total Assets</b>			\$ _____

Notes Payable & Mortgage:* (list home loan, car loans, credit card debt, student loans)	
1. Lender Name, Address & Phone _____	\$ _____
_____	
2. Lender Name, Address & Phone _____	\$ _____
_____	
3. Lender Name, Address & Phone _____	\$ _____
_____	
Other Debts:* (Taxes, Bills, Miscellaneous – include address) Attach a list if necessary	
Debt # 1 _____	\$ _____
Debt # 2 _____	\$ _____
Debt # 3 _____	\$ _____
Debt # 4 _____	\$ _____
Debt # 5 _____	\$ _____
<b>Total Liabilities</b>	
	\$ _____

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

Before signing and mailing, refer to application checklist to be sure you have included all required documentation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Applicant

\_\_\_\_\_  
Date

The Baldwin County Electric Membership Charitable Foundation, Inc. is hereby authorized to utilize applicant's name/organization for promotional or communication purposes. (i.e. annual reports, news/press releases, brochures, etc.) (Optional)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

RELEASE OF LIABILITY AND HOLD  
HARMLESS AGREEMENT  
(Individual Form)

For and in consideration of the transfer of a thing of value to the undersigned, whether in the form of money, service or personal property conferred by BALDWIN COUNTY ELECTRIC MEMBERSHIP CORPORATION (“Baldwin EMC”) or the BALDWIN COUNTY ELECTRIC MEMBERSHIP CORPORATION CHARITABLE FOUNDATION (“the Foundation”), I, the undersigned, do hereby unconditionally RELEASE and forever DISCHARGE Baldwin EMC and the Foundation, and each of their agents, servants, employees, successors and assigns, from and against any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, including all injuries, known and unknown, anticipated and unanticipated, both to person and property, which may result from such transfer. The undersigned further agrees to indemnify and hold harmless Baldwin EMC and the Foundation, together with their respective agents, servants, employees, successors and assigns, from and against any such claims or liabilities as may be incurred by the undersigned and arising from any such transfer made by either entity.

The undersigned further warrants and acknowledges that no promise or inducement has been offered or made as a condition hereof and that this release and hold harmless agreement is executed without reliance upon any statement or representation made by Baldwin EMC or the Foundation or any of their respective agents, servants or employees. The undersigned further states that he or she is of legal age and legally competent to execute this instrument in all respects. In the event the undersigned is a minor or has been adjudicated as an incompetent, this instrument is signed by the parent or legal guardian of said person, with full authority to act on said person’s behalf.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_

Parent or Guardian (if under 19) \_\_\_\_\_

Guardian (if adjudicated incompetent) \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF BALDWIN

I, \_\_\_\_\_, a Notary Public in and for said County in said State,  
hereby certify that \_\_\_\_\_, whose name is signed to the foregoing  
instrument and who is known to me, acknowledged before me on this day that, being informed of the contents  
of the instrument, he/she executed the same voluntarily on the date the same bears date.

Given under my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, Baldwin County, Alabama  
My Commission Expires: \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF BALDWIN

I, \_\_\_\_\_, a Notary Public in and for said County in said State,  
hereby certify that \_\_\_\_\_, whose name as Parent/Guardian  
of \_\_\_\_\_ is signed to the foregoing instrument and who is known to me, acknowledged  
before me on this day that, being informed of the contents of the instrument, he/she executed the same  
voluntarily on the date the same bears date.

Given under my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, Baldwin County, Alabama  
My Commission Expires: \_\_\_\_\_

RELEASE OF LIABILITY AND HOLD  
HARMLESS AGREEMENT  
(Individual Form)

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The undersigned further warrants and acknowledges that no promise or inducement has been offered or made as a condition hereof and that this release and hold harmless agreement is executed without reliance upon any statement or representation made by Baldwin EMC or the Foundation or any of their respective agents, servants or employees. The undersigned further states that he or she is of legal age and legally competent to execute this instrument in all respects. In the event the undersigned is a minor or has been adjudicated as an incompetent, this instrument is signed by the parent or legal guardian of said person, with full authority to act on said person's behalf.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_

Parent or Guardian (if under 19) \_\_\_\_\_

Guardian (if decided incompetent) \_\_\_\_\_



STATE OF ALABAMA  
COUNTY OF BALDWIN

I, \_\_\_\_\_, a Notary Public in and for said County in said State,  
hereby certify that \_\_\_\_\_, whose name is signed to the foregoing  
instrument and who is known to me, acknowledged before me on this day that, being informed of the contents  
of the instrument, he/she executed the same voluntarily on the date the same bears date.

Given under my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, Baldwin County, Alabama  
My Commission Expires: \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF BALDWIN

I, \_\_\_\_\_, a Notary Public in and for said County in said State,  
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of \_\_\_\_\_ is signed to the foregoing instrument and who is known to me, acknowledged  
before me on this day that, being informed of the contents of the instrument, he/she executed the same  
voluntarily on the date the same bears date.

Given under my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, Baldwin County, Alabama  
My Commission Expires: \_\_\_\_\_

## Individual Application Checklist

\_\_\_\_\_ Completed entire application

- Physical Address and P.O. if applicable
- Social Security Number – Last Four
- Telephone Numbers (home, work)
- Date of Birth
- Required Signatures and Date

\_\_\_\_\_ Attached collateral documents

- Personal Letter
- Doctor's Letter of Disability (if applicable)
- Proof of Address/Telephone
- Attach Bids/Estimates
- Proof of Employment
- Proof of Employment – other household members
- Proof of Other Forms of Assistance
- Proof of Monthly Expenses:

- \_\_\_\_\_ Mortgage/Rent
- \_\_\_\_\_ Food
- \_\_\_\_\_ Electricity/Gas
- \_\_\_\_\_ Telephone/Cell Phone
- \_\_\_\_\_ Water/Sewer/Trash
- \_\_\_\_\_ Cable/Satellite
- \_\_\_\_\_ Internet Service
- \_\_\_\_\_ Other
- \_\_\_\_\_ Automobile Payment
- \_\_\_\_\_ Gasoline
- \_\_\_\_\_ Tag/Tax
- \_\_\_\_\_ Medical/Dental/Vision Insurance
- \_\_\_\_\_ Life/Burial Insurance
- \_\_\_\_\_ Homeowners/Rental Insurance
- \_\_\_\_\_ Charge Cards/Credit Cards
- \_\_\_\_\_ Loan Payments
- \_\_\_\_\_ Real Estate Taxes
- \_\_\_\_\_ Other Expenses (Specified)

- Proof of Monthly Income:

- \_\_\_\_\_ Income
- \_\_\_\_\_ Bonus/Tips/Commission
- \_\_\_\_\_ Social Security Benefits
- \_\_\_\_\_ Farm Income
- \_\_\_\_\_ Dividends/Interest
- \_\_\_\_\_ Real Estate Income
- \_\_\_\_\_ Alimony
- \_\_\_\_\_ Child Support
- \_\_\_\_\_ Food Stamps
- \_\_\_\_\_ Other Income (Specified)

## Individual Application Checklist

- Proof of Cash on Hand:
  - \_\_\_\_\_ Bank Statement
  - \_\_\_\_\_ Savings Statement
  
- Proof of Real Estate:
  - \_\_\_\_\_ House
  - \_\_\_\_\_ Mobile Home
  - \_\_\_\_\_ Land
  - \_\_\_\_\_ Other
  
- Proof of Other Assets:
  - \_\_\_\_\_ Other (Specified)
  
- Proof of Notes Payable/Mortgage:
  - \_\_\_\_\_ Lender Statement
  
- Proof of Other Debt:
  - \_\_\_\_\_ Taxes
  - \_\_\_\_\_ Other (Specified)

\_\_\_\_\_ Include specific details for "Proposed Use of Funds" along with itemized list of what is being requested

\_\_\_\_\_ Statement of circumstance and how you plan to resolve current situation

\_\_\_\_\_ Copy of last Federal & State Income Tax Form (include all schedules) and W-2

\_\_\_\_\_ Amount requested – Not to exceed limit

\_\_\_\_\_ Signed release of liability & hold harmless agreement

\_\_\_\_\_ Signed notary

**Mail completed application and related documents to:  
Baldwin County Electric Membership Charitable Foundation, Inc.  
P.O. Box 220  
Summerdale, AL 36580**