



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 to accommodate **food, shelter, clothing, health, education and environmental needs.**

- Fill out all sections of the application.
- Provide **copies** of supporting documents and not originals because documents are not returned.
- Use the checklist on page 10 to ensure all supporting documents are included.
- Sign the Release of Liability and Hold Harmless Agreement Form on page 6 and have page 7 notarized. If applicant is married, the applicant's spouse must sign the duplicate form on page 8 and have page 9 notarized.
- If you are requesting home repairs, three estimates are required. Contractors must be licensed and carry liability insurance. Grants cannot be considered for rental property.

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

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 page 10.

The Foundation is only allowed to grant up to \$5,000 annually to any individual.

For questions, call us at (251) 989-6247 or email [oru@baldwinemc.com](mailto:oru@baldwinemc.com).

For the Board,

A handwritten signature in black ink, appearing to read 'Scott Moeller'.

Scott Moeller  
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

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

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

Circle the category your application applies to: food, shelter, clothing, health, education or environmental needs

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 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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

List other members of household, including children:

Name	Relationship	Age	Employer	Name	Relationship	Age	Employer
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Cash On Hand:

Checking _____	Balance	\$ _____
Savings _____	Balance	\$ _____

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

Property #1 _____	Amount Owed _____	Market Value	\$ _____
Property #2 _____	Amount Owed _____	Market Value	\$ _____
Property #3 _____	Amount Owed _____	Market Value	\$ _____

Other Assets: (personal property, auto, whole life insurance, retirement/pension/annuity – include description)

#1 _____	Amount Owed _____	Cash Value	\$ _____
#2 _____	Amount Owed _____	Cash Value	\$ _____
#3 _____	Amount Owed _____	Cash Value	\$ _____

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

If not, list last employer and employment dates and 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* \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

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

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Employment of Others in Household – Name

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

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

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

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Does applicant have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

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: \_\_\_\_\_

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

Use checklist on page 10 to ensure all supporting and applicable documents are included.

Wages and Salaries	Total Gross Earnings for Household	\$ _____
	Bonus Tips and Commission	\$ _____
Pension	Social Security Benefits	\$ _____
	Retirement Benefits (401K)	\$ _____
Other Income	Real Estate Income	\$ _____
	Alimony	\$ _____
	Child Support	\$ _____
	Food Stamps	\$ _____
	Other	\$ _____
<b>Total Monthly Income:</b>		\$ _____

Housing:	Mortgage or Rent Payment	\$ _____
	Food	\$ _____
Utilities	Electricity	\$ _____
	Gas	\$ _____
	Telephone	\$ _____
	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: (Specify)	_____	\$ _____
(List Additional Credit Cards on Back)	_____	\$ _____
Loan Payments: (Specify)	_____	\$ _____
	_____	\$ _____
Real Estate Taxes: (Specify)	_____	\$ _____
Other Expenses: (Specify)	_____	\$ _____
	_____	\$ _____
<b>Total Monthly Expenses:</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

Please complete this section if the person completing this form is not the applicant:

Name of Preparer: \_\_\_\_\_

Address of Preparer: \_\_\_\_\_

Telephone Number of Preparer: \_\_\_\_\_

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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: \_\_\_\_\_

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

## Individual Application Checklist

**Provide copies of all supporting documents that apply. Documents must be current.**

### Application:

- \_\_\_\_\_ Pages 2-4 complete
- \_\_\_\_\_ Signatures on page 5 and 6 (if married, spouse signs page 8)
- \_\_\_\_\_ Notary signature on page 7 (if married, notary must also sign page 9)
  
- \_\_\_\_\_ Personal letter explaining current situation and need for assistance (required)
- \_\_\_\_\_ Doctor's letter of disability (if applicable)
- \_\_\_\_\_ Most recent federal and state tax returns (include all schedules)
- \_\_\_\_\_ Detailed list of items being requested (if applicable)
- \_\_\_\_\_ Bids/Estimates/Quotes from contractors (if applicable)

### Supporting Documents:

- **Proof of Cash on Hand:**

- \_\_\_\_\_ Bank Statement
- \_\_\_\_\_ Savings Statement

- **Proof of Monthly Income (provide copies of all that apply):**

- \_\_\_\_\_ Paystub
- \_\_\_\_\_ Bonus/Tip/Commission
- \_\_\_\_\_ Retirement Income (401K)
- \_\_\_\_\_ Social Security Benefits
- \_\_\_\_\_ Dividends/Interest
- \_\_\_\_\_ Real Estate Income
- \_\_\_\_\_ Alimony
- \_\_\_\_\_ Child Support
- \_\_\_\_\_ Food Stamps

- **Proof of Monthly Expenses (provide copies of all that apply):**

- \_\_\_\_\_ Mortgage/Rent
- \_\_\_\_\_ Electricity/Gas
- \_\_\_\_\_ Telephone/Cell Phone
- \_\_\_\_\_ Water/Sewer/Trash
- \_\_\_\_\_ Cable/Satellite
- \_\_\_\_\_ Internet Service
- \_\_\_\_\_ Automobile Payment
- \_\_\_\_\_ Credit Card Statements for the last 3 months
- \_\_\_\_\_ Loan Payments for the last 3 months

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