



Address

Phone

7. Reason for request for donation: (include amount requested and specific use of funds.) Please include a copy of any cost estimates for contract work or equipment involved with application.

Four horizontal lines for providing details for question 7.

8. Is individual or family receiving any other form of assistance or aid for the above stated request? (i.e., donations, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

Four horizontal lines for listing assistance if applicable.

9. Statement of financial condition as of

20

<u>ASSETS</u>	<u>AMOUNTS</u>
<b>Cash</b>	\$
Banking Institution _____ Acct. No. _____	\$
Banking Institution _____ Acct. No. _____	\$
<b>Real Estate</b>	\$
Partially or Wholly Owned _____ County _____	Market Value
Partially or Wholly Owned _____ County _____	Market Value
<b>Securities</b>	\$
Description _____ Identification No. _____	Value
Description _____ Identification No. _____	Value
Description _____ Identification No. _____	Value
<b>Other Receivables (State Type- I.e., Personal Property, Loan Receivable, Auto, Life Insurance (Cash Value) other asstes. Include description, account number etc.)</b>	\$
_____ Type _____	Value
_____ Type _____	Value
_____ Type _____	Value
_____ Type _____	Value
<b>TOTAL ASSETS .....</b>	<b>\$</b>

LIABILITIES

AMOUNTS

<b>Notes Payable</b>	_____	\$ _____
(Balance)	Lender's Name	
	_____	

*(Continued)*

**LIABILITIES**

**AMOUNTS**

_____	\$ _____
Lender's Name	
_____	\$ _____
Lender's Name	
_____	\$ _____
Lender's Name	

**Mortgages**

(Balance)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Other Debt (State Type- i.e., Taxes, Utility Bills Outstanding, Credit Cards, Other)**

_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	
_____	\$ _____
Type	

**TOTAL LIABILITIES .....** \$ \_\_\_\_\_

**MONTHLY EXPENSES**

**AMOUNTS**

<b>Housing</b>	<b>Mortgage</b> _____	<b>Rent</b> _____	\$ _____
<b>Food</b>			\$ _____
<b>Utilities</b>	<b>Electricity</b>		\$ _____
	<b>Gas</b>		\$ _____
	<b>Telephone</b>		\$ _____
	<b>Water/Sewer/Trash Pickup</b>		\$ _____
	<b>Cable/Satellite TV</b>		\$ _____
	<b>Internet Service</b>		\$ _____
<b>Transportation</b>	<b>Other</b>		\$ _____
	<b>Automobile Payments</b>		\$ _____
	<b>Gas</b>		\$ _____
	<b>Tag/Tax</b>		\$ _____
<b>Insurance</b>	<b>Medical/Dental/Vision</b>		\$ _____
	<b>Life</b>		\$ _____
	<b>Automobile Payments</b>		\$ _____
<b>Medical</b>	<b>Doctors</b>		\$ _____
	<b>Hospital</b>		\$ _____
	<b>Medication</b>		\$ _____

**Medical Equipment**

<b>Charge Accounts</b>	_____	\$ _____
(Specify)	_____	\$ _____
	_____	\$ _____
		<i>(continued)</i>
<b>Loans</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>Other Expenses</b>	_____	\$ _____
(Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>TOTAL MONTHLY EXPENSES .....</b>		<b>\$ _____</b>

**SOURCES OF MONTHLY INCOME**

**AMOUNTS**

<b>Salary</b>	_____	\$ _____
	Employer's Name	
<b>Bonus, Tips, Etc.</b>	_____	\$ _____
<b>Dividends, Interest</b>	_____	\$ _____
<b>Real Estate Income</b>	_____	\$ _____
<b>Farm Income</b>	_____	\$ _____
<b>Other Income</b>	_____	\$ _____
(Specify)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>TOTAL SOURCES OF MONTHLY INCOME .....</b>		<b>\$ _____</b>

**10. Please list three, non-relative references (May not be a director or employee of Southern Rivers Energy or any of its subsidiaries or the Southern Rivers Energy Trust, Inc.)**

Name	Phone		
_____			
Address	City	State	Zip Code
_____			
Name	Phone		
_____			
Address	City	State	Zip Code
_____			
Name	Phone		
_____			
Address	City	State	Zip Code
_____			

*(Continued)*

This information is for the purpose of obtaining funds from the Southern Rivers Energy Trust, Inc. on behalf of the undersigned. Each undersigned understands that information provided herein is used in deciding to grant funds, and each undersigned represents and warrants that information provided is true and complete and that the Southern Rivers Energy Trust, Inc. may consider these statements as continuing to be true and correct until written notice of change is provided. The Southern Rivers Energy Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. The Southern Rivers Energy Trust, Inc. Board of Directors makes donations from funds collected through the Southern Rivers Energy Operation Round-up Program. These funds are voluntary contributions from participating Southern Rivers Energy members.

**Additional pages or documentation  
can be attached to application. Please  
submit fifteen (15) copies to:**

**Southern Rivers Energy Trust, Inc.  
P.O. Box 40  
Barnesville, GA 30204**

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Signature of Applicant/Recipient

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Signature of Spouse

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Date