



Southern Rivers Energy Trust, Inc.
 Post Office Box 40
 Barnesville, Georgia 30204
 770-358-1383

**APPLICATION FOR DONATION
 FOR INDIVIDUAL AND/OR FAMILY
 (Please Print or Type Information)**

"Small Change that Changes Lives"

Applicants will be notified of the board's decision by a Southern Rivers Energy staff member within 5 business days of the board meeting.
 *Be advised that funds will not be used to pay electric bills. Members may apply once every 24 months.

1. Name:

Last Name	First Name	Middle Initial	SSI or Driver's License #	Age

2. Other Members of Household:

Last Name	First Name	Middle Initial	Relationship	SSN or DL #	Age

- a. _____
- b. _____
- c. _____
- d. _____

3. Address:

Street or Post Office Box	Apartment #	
City or Town	State	Zip Code

4. Email:

5. Individual funding or for family units is only available to Southern Rivers Energy members with an active electric account. Please provide account number:

6. Phone :

Home	Work

7. Employer of those household members listed in Questions 1 & 2 above:

- (1)

Employer	Supervisor
Address	Phone
- (2)

Employer	Supervisor
Address	Phone
- (3)

Employer	Supervisor

(4)	Address _____ Employer _____	Phone _____ Supervisor _____
(5)	Address _____ Employer _____	Phone _____ Supervisor _____
	Address _____	Phone _____

8. 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.

9. 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: _____

10. Statement of financial condition as of _____ 20_____

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

Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
_____	\$ _____
Type	Value
TOTAL ASSETS	\$ _____

<u>LIABILITIES</u>	<u>AMOUNTS</u>
Notes Payable	\$ _____
(Balance)	
Lender's Name	_____
_____	_____

<u>LIABILITIES</u>	<u>AMOUNTS</u>
_____	\$ _____
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	\$ _____

<u>MONTHLY EXPENSES</u>	<u>AMOUNTS</u>
Housing	\$ _____
Mortgage _____ Rent _____	\$ _____
Food	\$ _____
Utilities	\$ _____
Electricity	\$ _____
Gas	\$ _____
Telephone	\$ _____
Water/Sewer/Trash Pickup	\$ _____

	Cable/Satellite TV	\$
	Internet Service	\$
	Other	\$
Transportation	Automobile Payments	\$
	Gas	\$
	Tag/Tax	\$
Insurance	Medical/Dental/Vision	\$
	Life	\$
	Automobile Payments	\$
Medical	Doctors	\$
	Hospital	\$
	Medication	\$
	Medical Equipment	\$
Charge Accounts		\$
(Specify)	_____	\$
	_____	\$
	_____	\$
Loans	_____	\$
	_____	\$
	_____	\$
Other Expenses	_____	\$
(Specify)	_____	\$
	_____	\$
	_____	\$
	_____	\$
		\$
	TOTAL MONTHLY EXPENSES	\$

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

11. 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

This information is for the purpose of obtaining funds from the Southern Rivers Eenergy 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. All the information contained within this application will remain confidential at all times.

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

Signature of Applicant/Recipient

Signature of Spouse

Date

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

Application Checklist - Incomplete Applications will automatically be denied

1. I have answered each question as completely as possible.
2. I have provided the necessary financial information as outlined in the application.
3. I have included a clear description of my funding request including a specific dollar amount, a description of how the funds will be used and have included quotes and/or estimates for specific equipment to be purchased or work to be provided.
5. I have attached 15 copies of all the aforementioned supporting documents to each copy of this application. (Applications that are not fully assembled will not be accepted.)
4. I understand that if my application is denied for any reason, I must wait at least 24 months before reapplying.