ALBEMARLE COMMUNITY TRUST

Post Office Box 69 • Hertford, NC 27944 • (252) 426-5735

ACTcontact@aemc.coop

APPLICATION FOR GRANT REQUEST TO AN INDIVIDUAL AND/OR FAMILY

Grant Request: Please provide as many details as possible, including other actions or agencies contacted to resolve the issue generating this request. ACT will ONLY pay directly to a bank or organization that is owed. A specific amount must be included. There is a \$1,500 maximum for previous 12 months. Attach any supporting documents you may have. A copy of the fire report must be included for house fire requests. ELECTRIC UTILITY BILLS MUST BE EXCLUDED FROM GRANT REQUEST.

Please provide as much information as is reasonably possible. If you are unable to provide some information, please indicate why. Attach additional pages as necessary to complete.

1. Name:							
	Last		First	Middle			
2. Address	s :						
	Street or Post Of	fice Box					
		City or Town	Stat	e Zip Code			
3. Phone N	Number:	Home					
]	Home	Work	Mobile			
4. Email:							
5. Employ	er of applicant:						
	Name		Supervisor				
	Address		Phone				
6. Other M	Tembers of Hous	ehold:					
N	Vame	Relationship	Employer	Employer Contact			
1							
2							
3.							
4							

	5
	6
7.	Amount being requested (\$1,500 maximum for previous 12 months)
3.	Reason for Grant Request: (ACT will ONLY pay directly to a bank or organization that is owed. Please indicate the organization to be paid, include copies of invoices and/or account numbers.)
).	Is the individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, church, etc.)? Yes No If yes, please include list:
10.	Has the individual or family received ACT funding in the past? Yes No If yes, please list the date(s) and amount of the funding.
11.	Has individual or family been denied ACT funding for any reason in the past? Yes No If yes, please describe why.

		Personal Assets	
Cash	Banking Institution	Acct. No.	\$
			\$
Real Estate			\$
	Address – Partial or Wholly Owned	County	
			\$
Securities	Description	Identification Number	\$
		dentification (Author)	\$
Other Receivable description, account	number, etc.)	an Receivable, Auto, Life Insurance (Cash V	·
	Type Description	Acct. No.	\$
			\$
			\$
			\$
		Total Assets Monthly Income	\$
•••••••••••	•••••••••••••••••••••••••••••••••••••••	Withing Theome	•••••••••••••••••••••••••••••••••••••••
Salary	Employer		\$
			\$
			\$
Bonuses, Tips, &	& Commissions		\$

Dividends & Interes	st		\$	
Real Estate Income			\$	
Farm Income			\$	
Other: (please state	- alimony, child support, disa	ability, retirement, other)		
			\$	
			\$	
			\$	
		Total Monthly Inco	me \$	
••••••		Liabilities	•••••	•••••
Note Payable	Lender	Contact	\$	
			\$	
			\$	
Mortgage			\$	
	Mortgagor	Contact	o.	
			\$	
O4h D -h4 (4 1	.:11	· -	\$	
Otner Debt (taxes, t	pills, outstanding, other)		Ф	
	Туре	Contact	\$	
			\$	
			\$	
		Total Liahilities	•	

	•••••	Monthly	Expenses	•••••	•••••	
Housing Mortgage Rent _	_				\$	
Food					\$	
Utilities \$	\$Gas	\$Water/S	\$ Sewer	Phone	\$	(total)
Transportation \$	r Payment	\$	Fuel		\$	(total)
Insurance \$	\$	Life	\$	Auto	\$	(total)
Medical		Hospital	- <u> </u>	edication	\$	(total)
Credit Cards					\$	
Loans	der	_	Contact		\$	
					\$	
Taxes	gency	_	Contact		\$	
		_			\$	
Other			Contact		\$	
					\$	
		To	otal Monthly	Expenses	\$	

REFERENCES

Name			Phone	
rume			Thone	
Address		City	State	Zip
Name			Phone	
Address		City	State	Zip
Name			Phone	
Address		City	State	Zip
The information contained in this sommunity Trust on behalf of the indersigned understands that the indersigned represents and was albemarle Community Trust may written notice of a change is provide they deem necessary to verify the a easons for Board decisions will NO	ne undersigned and will be information provided herein arrants that the information consider this statement as the Albemarle Communicuracy of the statements in	e kept in to is used in a provided is continuing aity Trust is and herein	he strictest condeciding to grads true and completo be true and authorized to mand.	fidence. nt funding ete and tha correct un ake all inqu
	Signature of Applicant/F	Recipient		_
	Signature of Spouse			_
				_