

Inland Power Community Foundation *Individual Application*



Must be an active member of Inland Power to apply for individual or family funds. Please fill out this application as thoroughly as possible. It is the primary source used to determine your qualifications for assistance.

Member Information:

Name: _____ Membership Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Work Phone: _____

Email: _____

Other Members of Household:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Member Employer:

Company Name: _____ Supervisor: _____

Address: _____ Phone: _____

Second Employer (member or other member of household if applicable):

Company Name: _____ Supervisor: _____

Address: _____ Phone: _____

Amount Requested:

\$ _____

Check box if this request is for energy assistance

Reason for Request Donation - please include specific use of fund:

The following section is for energy assistance requests only:

How many days is your energy bill past due? _____



Sources of Monthly Income:

	Applicant	Total Household
Salary, wages, bonus, tips and commissions:	\$ _____	\$ _____
Dividends and interest:	\$ _____	\$ _____
Real estate income:	\$ _____	\$ _____
Farm income:	\$ _____	\$ _____
Disability income:	\$ _____	\$ _____
Welfare:	\$ _____	\$ _____
Alimony:	\$ _____	\$ _____
Child support:	\$ _____	\$ _____
Other income:	\$ _____	\$ _____
Other income:	\$ _____	\$ _____
Total Monthly Income:	\$ _____	\$ _____

Monthly Expenses:

	Total
Housing:	\$ _____
Electricity:	\$ _____
Gas or other heating fuels:	\$ _____
Transportation (operating cost):	\$ _____
Vehicle Loan Payment:	\$ _____
Other Loan Payments:	\$ _____
Insurance (life, medical, vehicle and homeowner):	\$ _____
Medical:	\$ _____
Charge Accounts, Credit Cards:	\$ _____
Taxes:	\$ _____
Other expense:	\$ _____
Other expense:	\$ _____
Other expense:	\$ _____
Total Monthly Expenses:	\$ _____



Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.): **Yes** (explain below) **No**

Please indicate any special circumstance or conditions that you feel the Board of Directors should be aware of to help them determine your eligibility for assistance:

Statement of financial condition as of _____, 20____. Please attach a copy of your most recent tax return.

The information contained in this statement is for the purpose of obtaining funding from the Inland Power Community Foundation on behalf of the undersigned. The applicant understands that the information provided herein is used in deciding grant funding. The applicant represents and warrants that the information provided is true and complete. Inland Power is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. By signing this application, authorization is granted for providers contacted by the Inland Power Community Foundation Board to supply the information requested to verify this application.

The applicant understands that if selected for funding by Inland Power their name may be used in the promotion of the Inland Power Community Foundation.

Applicant Signature: _____ Date: _____

Submit completed application and documents to:

communityfoundation@inlandpower.com

-or-

Inland Power & Light
Attn: Inland Power Community Foundation
PO Box A
Spokane, WA 99219

For internal use only

Number of times account has been past due: _____ Confirmed by: _____

Number of days account is past due: _____ Signature: _____