



N O R T H E A S T L O U I S I A N A
Power Cooperative

Operation Roundup, Inc.

Post Office Box 1577 | Winnsboro, LA 71295 | (318)435-4523

www.nelpco.coop



(2b) _____
Employer

Supervisor

Address

Phone

(2c) _____
Employer

Supervisor

Address

Phone

(2d) _____
Employer

Supervisor

Address

Phone

(2e) _____
Employer

Supervisor

Address

Phone

6. Reason for Request for Donation: **(Include amount requested and specific use of funds)**

7. At least one quote representing your request must be provided.

Quote(s) attached _____

8. Is individual or family receiving any other form of assistance or aid for above stated request (Food Stamps, AFDC, donations, insurance, etc.)? Yes _____ No _____



LIABILITIES

AMOUNTS

Notes Payable

\$ _____

Lender

Lender's Address

Lender

\$ _____

Lender's Address

Mortgage

\$ _____

Mortgagor

Mortgagor's Address

Mortgagor

\$ _____

Mortgagor's Address

Other Debt (taxes, outstanding bills, etc.)

\$ _____

Type

\$ _____

Type

\$ _____

Type

TOTAL LIABILITIES

\$ _____

TOTAL



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MONTHLY EXPENSES

AMOUNTS

Housing Mortgage ____ Rent ____ \$ _____

Food \$ _____

Utilities Electricity \$ _____
Gas \$ _____
Telephone \$ _____

Transportation Automobile Payments \$ _____
Fuel \$ _____

Insurance Medical \$ _____
Life \$ _____
Automobile \$ _____
Home \$ _____

Medical Doctors \$ _____
Hospital \$ _____
Medication \$ _____

Charge Accounts _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Loans _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Taxes _____ \$ _____
(Specify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Other Expenses _____ \$ _____



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\$ _____
 \$ _____
 \$ _____

TOTAL MONTHLY EXPENSES

\$ _____

MONTHLY INCOME

AMOUNTS

Salary _____

\$ _____

Bonuses, Tips, Commissions _____

\$ _____

Dividends and Interest _____

\$ _____

Real Estate Income _____

\$ _____

Farm Income _____

\$ _____

Other types of income (alimony, child support, social security, SSI, etc.):

 Type

\$ _____

 Type

\$ _____

 Type

\$ _____

 Type

\$ _____

TOTAL MONTHLY INCOME

\$ _____

10. Please list three references (must not be a director or employee of Northeast Louisiana Power Cooperative, Inc. or a member of the board of Northeast Louisiana Power Cooperative Operation Roundup, Inc.).

 Name Phone



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Address City State Zip Code

Name Phone

Address City State Zip Code

Name Phone

Address City State Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Northeast Louisiana Power Cooperative, Operation Roundup, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that The Trust may consider this statement as continuing to be true and correct until a written notice of change is provided. The Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE

DATE

* No more than \$2,500 will be donated to any individual on an annual basis.