



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 _____ | \$ _____ |
| 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 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. 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.