

THREE (3) REFERENCES: *(PLEASE DO NOT INCLUDE A DIRECTOR OR EMPLOYEE OF BRIDGER VALLEY ELECTRIC ASSOCIATION)*

NAME	CITY, STATE	PHONE #

The information contained in this statement is for the purpose of obtaining funding from Bridger Valley Electric Round-Up Foundation® 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 Bridger Valley Electric Round-Up Foundation® may consider this statement as continuing to be true and correct until a written notice of change is provided. Bridger Valley Electric Foundation® is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

APPLICANT SIGNATURE

SPOUSE SIGNATURE (IF APPLICABLE)

DATE

MONTHLY EXPENSES: (AVERAGE MONTHLY PAYMENT AMOUNTS)

HOUSING	MORTGAGE	\$
	RENT	\$
FOOD		\$
UTILITIES	ELECTRIC	\$
	GAS	\$
	WATER	\$
	CELL/HOME PHONE	\$
	INTERNET	\$
TRANSPORTATION	GASOLINE	\$
INSURANCE	MEDICAL/DENTAL	\$
	LIFE	\$
	AUTO	\$
	HOMEOWNERS	\$
MEDICAL	DOCTOR	\$
	HOSPITAL	\$
	PERSCRIPTIONS	\$
CREDIT ACCOUNTS	CARD #1	\$
	CARD #2	\$
	CARD #3	\$
	CARD #4	\$
LOANS	AUTO	\$
	RECREATIONAL	\$
	OTHER _____	\$
OTHER (ANY EXPENSES NOT LISTED, PLEASE BE SPECIFIC)		\$
		\$

TOTAL MONTHLY EXPENSES:

\$ _____

MONTHLY INCOME: (CALCULATE AVERAGE MONTHLY INCOME)

		APPLICANT	TOTAL HOUSEHOLD
SALARY	WAGES	\$	\$
	BONUS, TIPS, COMMISSIONS	\$	\$
DISABILITY		\$	\$
SOCIAL SECURITY		\$	\$
CHILD SUPPORT		\$	\$
OTHER: DIVIDENDS, INTEREST, REAL ESTATE, FARM, WELFARE, ANY OTHER SOURCES OF INCOME, ECT.		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

TOTAL MONTHLY INCOME:

\$ _____