

PenTex Energy Charitable Foundation



GRANT APPLICATION FOR INDIVIDUAL

Date of Application: _____ Name: _____

Social Security Number: _____ Phone Number: _____

Mailing Address: _____

Physical Address: _____

E-Mail Address: _____

Amount of Request: _____

The following typed narrative **MUST** accompany this application:

- Explanation of unforeseen event/condition
- Explanation of how funds will be used
- Identification and status of other funding requests for this situation

The following information **MUST** be provided:

- List of Members of Household (Including Age & Relationship)
- Employer Name & Contact Information
- Tax Return (most current year filed) or Proof of ALL income (wages, pensions, Social Security, Supplemental Security Income, veterans' benefit, and food stamps)
- Monthly Expenses-Itemized
- List of All Assets (Property and cash)
- List of all Debts

The following information should be provided if applicable:

- Signed Doctor Statement (if currently unable to work or totally disabled)
- Signed Landlord Statement (if renting)

The information contained in this application is for the purpose of obtaining funding from the PenTex Energy Charitable Foundation on behalf of the undersigned. Each undersigned represents and warrants that the information is true and complete and that the PenTex Energy Charitable Foundation may consider this information is true and correct until a written notice of a change is provided. The PenTex Energy Charitable Foundation is authorized to make all inquiries deemed necessary to verify the accuracy of the information.

Applicant's Signature

Date

Mail completed application and documentation to: PenTex Energy Charitable Foundation, P. O. Box 530, Muenster, TX 76252