



**Individual Grant Application**

**IMPORTANT: NineStar Community Trust recognizes and adheres to the regulations regarding grants to individuals as laid out in Internal Revenue Service (IRS) Publication 4221 PC (Rev. 7-2014). As such, grants to individuals will be made ONLY to assist individuals who are in need, due to conditions of poverty and/or distress resulting from disasters (i.e. fire, tornado, flood, domestic terrorism, etc.), and where other means of assistance are not available to provide needed assistance. In order to meet the IRS requirements for grants to individuals, please provide supporting documentation, including copies of your most recent pay vouchers or check stubs as well as copies of bank statements, and any invoices which pertain to the reason for this funding request. Be advised that additional documentation may be required for consideration of this application and for the IRS required follow-up.**

**General Information**

\_\_\_\_\_ \$ \_\_\_\_\_  
*Name* *Amount Requested*

\_\_\_\_\_

\_\_\_\_\_ *City* *State* *Zip Code*

\_\_\_\_\_ *Phone Number* *Alternate Phone Number*

List other member(s) in household:

<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you or any members of the household employed?  yes  no If yes, complete the following:

<i>Name of Household Member</i>	<i>Employer</i>	<i>Phone Number</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for request of donation: (please be specific) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the individual or any household member filed for assistance from any other organization for the above stated request?  yes  no If yes, please list:


Is the individual or family receiving any other form of assistance or aid for the above stated request (donations, insurance, etc.)?  yes  no If yes, please list:

Funding Source: _____	Amount: _____
_____	_____
_____	_____

Statement of Financial Condition as of \_\_\_\_\_, 20\_\_\_\_\_

**Sources of Monthly Income:**

**Amounts**

Monthly Income	\$ _____
Other Bonuses, Tips, and Commissions	\$ _____
Dividends and Interest	\$ _____
Real Estate Income	\$ _____
Farm Income (net)	\$ _____
List any other source of income (alimony, child support, other)	
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
<b>TOTAL Sources of Monthly Income</b>	<b>\$ _____</b>

**Assets:**

<b>Cash</b>		\$ _____
	Banking Institution _____ Account Number _____	
		\$ _____
	Banking Institution _____ Account Number _____	
		\$ _____
	Banking Institution _____ Account Number _____	
<b>Real Estate</b>		\$ _____
	Banking Institution _____ Account Number _____	market value
		\$ _____
	Banking Institution _____ Account Number _____	market value
		\$ _____
	Banking Institution _____ Account Number _____	market value

Other (auto, personal property, stocks, bonds, etc.)

_____	\$ _____	
Description	value	
_____	\$ _____	
Description	value	
_____	\$ _____	
Description	value	
TOTAL Assets		\$ _____

**Debts/Liabilities:**

Mortgage

_____	\$ _____
Lenders Name	
_____	
Lenders Address	

Notes Payable (auto, credit cards, personal loans)

_____	\$ _____	
Lenders Name		
_____		
Lenders Address		
_____	\$ _____	
Lenders Name		
_____		
Lenders Address		
_____	\$ _____	
Lenders Name		
_____		
Lenders Address		
TOTAL Debt/Liabilities		\$ _____

**Monthly Expenses:**

Housing	<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	\$ _____
Food		\$ _____
Utilities	<i>Electric</i>	\$ _____
	<i>Gas/Propane/Fuel Oil</i>	\$ _____
	<i>Telephone</i>	\$ _____
Transportation	<i>Auto Payment</i>	\$ _____
	<i>Gasoline</i>	\$ _____
Insurance	<i>Auto</i>	\$ _____
	<i>Medical</i>	\$ _____
	<i>Life</i>	\$ _____
Medical	<i>Doctors</i>	\$ _____
	<i>Hospital</i>	\$ _____

	<i>Medication</i>	\$ _____
Charge Accounts	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Loans	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Taxes	_____	\$ _____
	_____	\$ _____
Other Expenses	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
		\$ _____
	TOTAL Monthly Expenses	\$ _____

**References** (Must not be a director or employee of NineStar Connect, or NineStar Community Trust, Inc.)

1. \_\_\_\_\_  
*Name* *Phone Number*  


---

*Address* *City* *State* *Zip Code*
  
2. \_\_\_\_\_  
*Name* *Phone Number*  


---

*Address* *City* *State* *Zip Code*
  
3. \_\_\_\_\_  
*Name* *Phone Number*  


---

*Address* *City* *State* *Zip Code*

**Disclaimer**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

Mail the original application to:

**NineStar Connect  
Attn: Brad Henderson  
2243 East Main Street  
Greenfield, IN 46140**