



# Lions Club Financial Assistance Application

DATE: \_\_\_\_\_

REQUEST:  EYE EXAM/GLASSES;  HEARING TEST/AID;  OTHER: \_\_\_\_\_

RECIPIENT OF ASSISTANCE:  APPLICANT;  DEPENDENT OF APPLICANT  
DEPENDENT'S NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MI LAST

CURRENT ADDRESS:

STREET ADDRESS

CITY STATE ZIP

--- HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_  
YEARS

--- DO YOU OWN OR RENT THIS PROPERTY?  
 OWN  RENT

--- IF YOU HAVE LIVED AT YOUR CURRENT ADDRESS **LESS THAN FIVE (5) YEARS** PLEASE PROVIDE YOUR PREVIOUS ADDRESS.

**PREVIOUS ADDRESS:**

STREET ADDRESS

CITY STATE ZIP

**FINANCES:**

NUMBER OF PEOPLE IN THE HOUSEHOLD: \_\_\_\_\_

NUMBER OF DEPENDENTS: \_\_\_\_\_

MONTHLY RENT/MORTGAGE: \$ \_\_\_\_\_

APPLICANT'S CURRENT INCOME: \$ \_\_\_\_\_

SPOUSE'S CURRENT INCOME: \$ \_\_\_\_\_

OTHER HOUSEHOLD INCOME: \$ \_\_\_\_\_

What medical insurance do you have?

\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

**FAMILY EMPLOYMENT INFORMATION:**

APPLICANT'S EMPLOYMENT

EMPLOYER/BUSINESS NAME

STREET ADDRESS

CITY STATE ZIP

SPOUSE'S EMPLOYMENT

EMPLOYER/BUSINESS NAME

STREET ADDRESS

CITY STATE ZIP

**OTHER ASSISTANCE:**

LIST ALL OTHER ORGANIZATIONS YOU HAVE CONTACTED FOR ASSISTANCE RELATIVE TO THIS REQUEST.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION RELATIVE TO YOUR REQUEST:** (YOU MAY USE THE BACK OF THE FORM IF ADDITIONAL SPACE IS NEEDED)

RETURN TO:

\_\_\_\_\_  
SIGNATURE OF APPLICANT

<b>NOTES:</b>						<b>TOTAL COST: \$</b>	
<b>ACTION:</b>	APPLICATION		REQUEST APPROVED	ARRANGEMENTS MADE	APPLICANT NOTIFIED	BILL RECEIVED	BILL PAID
	SENT	RECEIVED					
<b>DATE:</b>							