



ELIGIBILITY APPLICATION FOR FINANCIAL ASSISTANCE

Applicants Name: _____
 Mailing Address: _____
 Residential Address: _____

Marital Status: Married – Divorced – Single – Minor (circle one)
 Applicants SSN: _____ - _____ - _____
 Spouses SSN: _____ - _____ - _____

Email Address: _____
 Telephone: (Home) _____ (Cell) _____
 Employer: _____

Own/Rent (circle) How long have you lived there? _____
 Previous Address: _____
 Employer Telephone: _____ Full Time _____ Part Time _____
 Applicants D.O.B. _____ Age: _____
 Gender: _____ Number of dependents: _____
 Green Card # (if applicable): _____

If a minor, Parent/Guardian Name: _____
 Address if different from above: _____

MONTHLY HOUSEHOLD INCOME

Wages/Salary/Tips: _____
 Retirement/Pension: _____
 Interest/Dividends: _____

Total for Household \$ _____
 Social Security: _____
 SSI/SSD/DAV: _____
 Child Support: _____
 Unemployment Compensation: _____
 Welfare/Public Assistance/Food Stamps: _____
 Self Employment/Other Income: _____

MONTHLY HOUSEHOLD EXPENSES

Rent/Mortgage: _____
 Water/Sewer: _____
 Electric: _____

Total for Household: \$ _____
 Phone: _____
 Cable: _____
 Loans: _____
 Medical Insurance: _____
 Prescriptions: _____
 Other: _____
 Vehicle Insurance: _____
 Gas: _____

LIST ALL EXPENSES BELOW

Financial Comments: _____

MEDICAL INSURANCE INFORMATION

Other – Providers Name: _____ Medicare #: _____ (A) or (A & B) Medicaid #: _____
 Policy Holders Name: _____ Policy # _____

Division of Blind Services Date Denied: _____

Vocational Rehab Date Denied: _____ Diabetic Y/N: _____

Type of Assistance Needed _____

I certify that the above information is correct and do hereby give my full consent to investigate.

Signature of Lion Processor _____ Date: _____ Signature: _____

Lions Club

NOTE: This form is for LIONS USE ONLY.