



ELIGIBILITY APPLICATION FOR FINANCIAL ASSISTANCE

Applicants Name: _____ Marital Status: Married – Divorced – Single – Minor (circle one)
 Mailing Address: _____ Applicants SSN: _____ - _____ - _____
 _____ Spouses SSN: _____ - _____ - _____
 Residential Address: _____ Own/Rent (circle) How long have you lived there? _____
 _____ Previous Address: _____
 Email Address: _____
 Telephone: (Home) _____ (Cell) _____
 Employer: _____ Employer Telephone: _____ Full Time ___ | Part Time ___
 If a minor, Parent/Guardian Name: _____ Applicants D.O.B. _____ Age: _____
 Address if different from above: _____ Gender: _____ Number of dependents: _____
 _____ Green Card # (if applicable): _____

MONTHLY HOUSEHOLD INCOME **Total for Household \$** _____ **LIST ALL SOURCES BELOW**
 Wages/Salary/Tips: _____ Social Security: _____ Unemployment Compensation: _____
 Retirement/Pension: _____ SSI/SSD/DAV: _____ Welfare/Public Assistance/Food Stamps: _____
 Interest/Dividends: _____ Child Support: _____ Self Employment/Other Income: _____

MONTHLY HOUSEHOLD EXPENSES **Total for Household: \$** _____ **LIST ALL EXPENSES BELOW**
 Rent/Mortgage: _____ Phone: _____ Medical Insurance: _____ Vehicle Insurance: _____
 Water/Sewer: _____ Cable: _____ Prescriptions: _____ Gas: _____
 Electric: _____ Loans: _____ Other: _____

Financial Comments: _____

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

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.