

8. (CONTINUED)

9. Child Support: _____ (monthly) Alimony: _____ (monthly) VA Disability: _____ (monthly)

Total value of : Checking and Savings accounts \$ _____ Investments \$ _____

Car 1 _____ Amount of Loan Payment _____
Year Make Monthly

Car 2 _____ Amount of Loan Payment _____
Year Make Monthly

Real estate owned: Description _____ Current value \$ _____

10. HOUSEHOLD EXPENSES YOU PAY:

Apartment rent/Mortgage payment _____ monthly AND/OR Amount paid by Section 8 pays _____

Heat & Electric _____ monthly Amount of fuel assistance received _____

Food allowance received _____ monthly Recurring medical expenses _____ monthly

List other expenses: _____

10A. ARE YOU RECEIVING HEAT, HOUSING OR FOOD ASSISTANCE OF ANY KIND? ___ MONTHLY AMOUNT _____

11. HAVE YOU PREVIOUSLY APPLIED TO A LIONS CLUB FOR EYE-CARE AID? _____ YEAR? _____

12. WHAT EYE PROBLEMS ARE YOU EXPERIENCING? _____

13. YES or NO, do you need: LENSES? _____ FRAMES? _____ EXAM? _____

14. Date of last eye exam: _____ Doctors Name: _____
Address: _____

15. ADDITIONAL INFORMATION (IF NECESSARY) THAT WOULD HELP DEMONSTRATE FINANCIAL NEED:

16. AMOUNT APPLICANT CAN PAY TOWARDS EXPENSE: \$ _____

17. I, the APPLICANT, certify that this application is accurate and complete. I hereby authorize any individual or organization to release to the _____ any information necessary to confirm statements made in this application. In consideration of any aid which may be granted, I agree to hold the _____ harmless from any injury resulting from treatment paid by them.

Applicant's Signature _____

CLUB CONTACT _____
LIONS CLUB NAME NAME PHONE NO. DATE

HSB EYE CLINIC COORDINATOR DATE RECEIVED CLUB CONTACTED