

8. PLEASE COMPLETE THE FOLLOWING FOR ALL INDIVIDUALS LIVING WITH APPLICANT:

Name	Relationship	Age	Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 THAT **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., the APPLICANT, certify that this application is accurate and complete. I hereby authorize any individual or organization to release to the NH Sight & Hearing any information necessary to confirm statements made in this application. In consideration of any aid, which may be granted, I agree to hold the LIONS CLUBS OF NH harmless from any injury resulting from treatment paid by them. I ALSO UNDERSTAND THAT THERE ARE NO EXPRESSED OR IMPLIED SERVICES OTHER THAN POSSIBLY +AN EXAM AND GLASSES.

Applicant's Signature _____ DATE _____