

## BURLEY LION'S CLUB EYESIGHT/HEARING APPLICATION

*Form must be completed before being reviewed by the committee*

Applicant's Name \_\_\_\_\_ Sex: F M Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State ID Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Message Phone # \_\_\_\_\_

Husband (If Married) or Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Husband/Father's Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Father's Monthly take home income \$ \_\_\_\_\_

Wife's (If Married) or Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Wife's/Mother's Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Mother's Monthly take home income \$ \_\_\_\_\_

Total Monthly income \$ \_\_\_\_\_

Household Expenses: Utilities \_\_\_\_\_ Food \_\_\_\_\_ Phone \_\_\_\_\_ Gas \_\_\_\_\_ Rent \_\_\_\_\_

Auto Insurance \_\_\_\_\_ Prescriptions \_\_\_\_\_ Cable TV \_\_\_\_\_ Miscellaneous Expenses \_\_\_\_\_

Total number of immediate family members living in the household? \_\_\_\_\_

I have you been a resident of \_\_\_\_\_ county for \_\_\_\_\_ years.

Why are you applying for help in the obtaining glasses/hearing aides? \_\_\_\_\_

Family Physician \_\_\_\_\_ Family Eye Doctor \_\_\_\_\_

Are you able to pay any part of this expense? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much \$ \_\_\_\_\_

Have you had previous help with glasses or hearing aide ? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when \$ \_\_\_\_\_

Are you entitled to other help with this expense? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, whom? \_\_\_\_\_

Who may we thank for referring you to the Lion's Club? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Committee Members

Name \_\_\_\_\_ Y N

Name \_\_\_\_\_ Y N

Name \_\_\_\_\_ Y N

Name \_\_\_\_\_ Y N

Board Action: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_