

**MANCHESTER LIONS CLUB
APPLICATION FOR EYECARE AID**

All questions **MUST** be answered if this application is to be considered. Information revealed herein will be kept strictly confidential and will be used solely for the evaluation of your request for financial assistance. **NO** professional treatment will be paid for by the Lions Club unless expressly authorized in writing by our President or designated member. **THIS IS A ONE TIME ASSISTANCE PROGRAM.**

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. 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 MANCHESTER LIONS CLUBS OF NH any information necessary to confirm statements made in this application. In consideration of any aid, which may be granted, I agree to hold the MANCHESTER 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 A POSSIBLY EXAM AND GLASSES.

Applicant's
Signature _____

APPROVED: Y _____ N _____

Reason for denial _____

CLUB CONTACT _____
NAME PHONE NO. DATE