

Lions District 14-A Charitable Foundation Assistance Request

Last Name _____ First Name _____ Date _____
(Please print legibly)

Birthdate ____/____/____ Married ____ Single ____ Widowed ____ Divorced ____ Separated ____

Home Address _____

City/State/Zip _____

Mailing address if different than above: _____

City/State/Zip: _____

Home Phone # _____ Cell: _____ Email: _____

Please explain nature of assistance request:
(Attach separate sheet if needed)

How will this assistance improve your quality of life? Do you have Diabetes? No ____ Yes ____

How did you hear about assistance from Lions Clubs?

Have you received help from a Lions Club in the past? No ____ Yes ____

If referred by an agency, who referred you:

Contact person: _____ Phone #: _____

Have you sought and/or received assistance from other groups or agencies? No __ Yes __ please give details:

Lions District 14-A Charitable Foundation Assistance Request

Employment, Insurance, Household and Financial Information

How long have you lived at your present address? years _____ months _____

Own/buying your home? No ___ Yes ___ Mortgage amount \$ _____ Monthly payments \$ _____

Renting? No _____ Yes _____ Monthly Rent \$ _____

Are you employed? No ___ Yes ___ Gross amount per pay check: \$ _____. (Before taxes & deductions)
Weekly ___ Bi-weekly ___ Monthly ___

Sources of income:

Social Security \$ _____ per month: Pension \$ _____ per month:

Unemployment \$ _____ per month: Disability \$ _____ per month

Welfare \$ _____ per month: Other \$ _____ per month. Explain

Do you have health insurance? No ___ Yes ___

Are you enrolled in Medicare? No ___ Yes ___ Medicaid? No ___ Yes ___

Number of people in household (not including yourself) _____

Number of people, other than yourself, that you are financially responsible for. _____

Please use this space for comments or any additional information that may be useful in our consideration of your request. Feel free to attached additional sheet(s) if needed.

I (print name) _____ certify that the information provided is truthful and accurate. I understand and agree that the acceptance or approval is a discretionary decision of Lions District 14-A Charitable Foundation. All information is confidential and will be used only to determine financial need by the Foundation.

Signature of applicant _____

Date Signed ___/___/____.

If this form was completed by other than the above named complete the following:

Print Name _____ Signature _____

Relationship to applicant _____

SEND FORM TO: _____

Fdn Board Member fill-in this information