

**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 am't \$ \_\_\_\_\_ 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 others 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: bobpres@svahsolutions.com \_\_\_\_\_

Fdn Board Member fill-in this information