

Kalispell Lions Club
P.O. Box 321 • Kalispell, MT 59903-0321

APPLICATION FOR INDIVIDUAL ASSISTANCE

To be filled out by applicant or parent or guardian, complete all blank sections, incomplete applications will not be considered and will be returned for additional information. All information will be verified prior to approval for eye exams/glasses. Kalispell Lions will **ONLY** provide eye exam; lenses; basic frames; and Ultraviolet coating for cataract prevention. Any other service will be at the expense of the applicant.

Date Received _____ Assigned to Lion _____ Date _____

1. Name of Applicant _____ Date of Birth _____

2. Address _____ City _____ Zip _____

3. How long have you lived at this address (must be a resident of Kalispell area for a minimum of 3 months)? _____

4. Age _____ Sex _____ Education _____ Phone # _____

5. List Names, Ages, and Relationship of Family Members Living in the Household.

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(space for more family members & dependants on page 3 if needed)

6. Do you have a current prescription for glasses? _____

7. Do you need an Eye Exam? _____ Do you need glasses? _____

8. List other organizations you requested help from and their response. _____

9. Name all Health Insurance Companies	Policy Number	Group Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Financial statement as of this date: _____

CURRENT MONTHLY INCOME

- 1. Total Family Wages \$ _____
- 2. Public Assistance \$ _____
- 3. Social Security \$ _____
- 4. Veteran's Pension \$ _____
- 5. Other Pension \$ _____
- 6. Workman's Comp \$ _____
- 7. Unemployment Comp \$ _____
- 8. Rental Income \$ _____
- 9. Investment Income \$ _____
- 10. Other Income \$ _____
 - A. _____ \$ _____
 - B. _____ \$ _____
 - C. _____ \$ _____

CURRENT MONTHLY EXPENSES

- 1. Rent Payment \$ _____
- 2. Mortgage Payment \$ _____
- 3. Utilities (heat, lights, etc.) \$ _____
- 4. Groceries \$ _____
- 5. Vehicle Payments \$ _____
- 6. Auto Insurance \$ _____
- 7. Life Insurance \$ _____
- 8. Health Insurance \$ _____
- 9. Federal Tax Withheld \$ _____
- 10. State Tax Withheld \$ _____
- 11. Property Tax \$ _____
- 12. Medical \$ _____
- 13. Other \$ _____

TOTAL MONTHLY INCOME \$ _____ TOTAL MONTHLY EXPENSES \$ _____

If you have a mortgage, what is the balance due? \$ _____

ASSETS

- 1. Real Estate (est. value) \$ _____
- 2. Personal Property \$ _____
- 3. Stocks, CD's, Bonds, Etc. \$ _____
- 4. Other Assets \$ _____
- Savings Account \$ _____
- Checking Account \$ _____
- Motor Vehicle #1 \$ _____
- Motor Vehicle #2 \$ _____

TOTAL ASSETS \$ _____

I CERTIFY THAT ALL INFORMATION STATED IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature: _____
Applicant

Signature: _____
Parent or guardian responsible for payment of bills, if applicant is a minor.

Continuation of all family members and dependants living in the household NOT listed on page 1:

Name:

Age:

Relationship:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

KALISPELL LIONS CLUB REPORT

Date Application returned by Lion _____

APPROVE THE APPLICATION AND WILL FINANCE UP TO \$140.00 BY OUR CLUB.

INFORMATION VERIFIED BY LION: _____

DATE APPLICATION APPROVED: _____

EYESIGHT COMMITTEE SIGNATURES/INITIALS: _____