

# Application for Lions Club Assistance

form updated 9/6/2016

\*Name of applicant: \_\_\_\_\_ \*Age: \_\_\_\_\_  
\*Parent's name (if under 18): \_\_\_\_\_  
\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
\*Phone: \_\_\_\_\_ \*School District: \_\_\_\_\_  
\*Previous address (complete if less than 3 years at present address): \_\_\_\_\_ \*how long? \_\_\_\_\_

## Medical Information

\*Do you presently wear eyeglasses? \_\_\_\_\_ \*If so, how old is your present prescription? \_\_\_\_\_  
\*Has the Lions Club ever helped you before? \_\_\_\_\_ \*If so, when? \_\_\_\_\_  
\*What circumstances, such as poor health, employment, or financial situation, should the Lions Club consider when reviewing your application? \_\_\_\_\_

\*What type of financial assistance are you requesting? (Eye Exam, Glasses, or Both) \_\_\_\_\_

\*Can you afford to pay for any portion of this expense? (Yes or No) \_\_\_\_\_

	*Relationship	*Age
*Head of household _____	_____	_____
*Spouse _____	_____	_____
*Others _____	_____	_____
_____	_____	_____
_____	_____	_____

\*Does anyone in your household own real estate? (Yes or No) \_\_\_\_\_ \*Estimated value \_\_\_\_\_

\*If renting, give landlord's name and phone number \_\_\_\_\_

## Household expenses

\*Amount of monthly rent of mortgage paid by you: \_\_\_\_\_ \*Metro subsidized: (Yes or No) \_\_\_\_\_  
\*Utility expenses (Not paid by assistance): Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Water/Trash \$ \_\_\_\_\_  
\*Other expenses: \_\_\_\_\_

**\*Employment/Income Questionnaire:** *Applications that are INCOMPLETE will be returned and assistance may be delayed for one month.* INSTRUCTIONS: Information in this section should include each person in the household who is over the age of 18, including the applicant.

\*Applicant's name: \_\_\_\_\_ \*Name of current employer: \_\_\_\_\_  
\*Employer address: \_\_\_\_\_ \*Employer phone: \_\_\_\_\_  
\*How long employed? \_\_\_\_ \*Hourly rate of pay \$ \_\_\_\_ /per hour \*Approximate take home pay per week? \$ \_\_\_\_\_  
\*If not employed, please explain in detail: \_\_\_\_\_

## \*Previous employment history - for the last 5 years

From (Mo/year)	To (Mo/year)	Employer name/Telephone	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Please place an "X" to indicate that you are currently receiving assistance from any of the following programs and the amount you receive each month:

_____ Unemployment Compensation	\$ _____	_____ SNAP	\$ _____
_____ Worker's Compensation	\$ _____	_____ Ohio Works First (OWF)	\$ _____
_____ Disability Assistance	\$ _____	_____ Spouse/child support	\$ _____
_____ Veterans benefits	\$ _____	_____ Social Security	\$ _____
_____ SSD/SSI	\$ _____	_____ Pension	\$ _____
_____ Other	\$ _____		

\*Please place an "X" to indicate you are currently eligible for any of the following:  
\_\_\_\_\_ Medicaid \_\_\_\_\_ Care Source \_\_\_\_\_ United Healthcare \_\_\_\_\_ Private Insurance

\*I certify that all information included in this application is complete and true to the best of my knowledge. I authorize the Lions Club to access all records necessary to investigate and verify the information provided in this application.

\_\_\_\_\_  
\*Applicant's signature (or full name for website submission) Date  
\*Return this application to: Orrville Lions Club, P.O. Box 281, Orrville, OH 44667  
The Lions Club will contact you directly about your application.