

Lake Stevens Lions Club
Vision and Hearing
Application for Financial Aid

I am requesting: Eye Exam Glasses Hearing Exam Hearing Aids

Name: _____ Age _____

Parent/guardian name if applicant is minor: _____

Address: _____

City, State, Zip: _____ Phone: _____

How long at present address: _____ Own or Rent _____

Number in household: Children under age 18 _____ Adults _____

MONTHLY INCOME (Include all information on all people in your household)

Gross monthly wages & salary \$ _____ Please attach proof of these amounts.

Employer _____

Address, City, Zip _____

Monthly Alimony \$ _____ Please attach proof of these amounts.

Monthly Child Support \$ _____ Please attach proof of these amounts.

Social Security/SSI/Disability \$ _____ Please attach proof of these amounts.

Monthly Unemployment \$ _____ Please attach proof of these amounts.

AFDC/Welfare/TANF \$ _____ Please attach proof of these amounts.

L&I/Workman's Comp \$ _____ Please attach proof of these amounts.

Pension/IRA/Other retirement \$ _____ Please attach proof of these amounts.

All other monthly income \$ _____ Please attach proof of these amounts.

TOTAL MONTHLY INCOME \$ _____

MONTHLY EXPENSES (You may be asked to provide proof of these amounts at a later time.)

Monthly rent/mortgage \$_____

Monthly utilities \$_____ (power, water, sewer, gas, etc.)

Monthly phone & cell phone \$_____

Monthly TV/Cable/Satellite \$_____

Monthly insurance \$_____ (life, car, health)

Monthly medical costs \$_____ (include medications)

Monthly credit card payment \$_____

Monthly vehicle payment \$_____

TOTAL MONTHLY EXPENSES \$_____

Year, Make, Model of vehicles owned – include cars, trucks, motorcycles, RV’s etc.

Any additional information that might help determine your qualification for assistance:

Send completed form & proof of income to:

Lake Stevens Lions Club
Attn: Sight & Hearing Chairperson
PO Box 589
Lake Stevens, WA 98258

Lake Stevens Lions Club Use Only

Approved: _____ Not approved: _____ Date: _____

Notes: