



LIONS APPLICATION FOR EYEGLASSES - PAGE 1

Section 1: Application Information (please print)

Request for: Eye Exam Eyeglasses I have a Current Prescription

Applicant First Name	Applicant Last Name	Applicant Date of Birth
Home Address	Phone	
City	State	Zip Code
Number of People living in household		email
Occupation/Employer		Phone
Applicant or Guardian Signature	Relationship to Applicant	Date

Section 2: Insurance and Financial Information

Insurance Coverage

- Private
- Medicare
- Medicaid
- Veteran
- None

Monthly Gross Income (before taxes)

- Applicant Wages _____
- Spouse(partner) Wages _____
- Welfare Benefits _____
- Social Security _____
- Disability _____
- Food stamps _____
- Other _____

Total income _____

Monthly Expenses (average month to month)

- Mortgage/Rent _____
- Utilities _____
- Groceries _____
- Car payment/insurance/gas _____
- Medical _____
- Prescriptions _____
- Credit Cards _____
- Other _____

Total expenses _____

Section 3: Authorization for Disclosure of Financial Information

I authorize the Northport Lions Club to receive my financial information.

PURPOSE FOR DISCLOSURE

The undersigned is requesting charitable assistance from the Northport Lions Club. Any financial information will be used to determine eligibility to receive financial assistance. I understand that I may revoke this authorization in writing at any time by sending a signed and dated statement except to the extent that the organization named above have taken action in reliance on this authorization. I have had an opportunity to read and consider the contents of this authorization.

Applicant or Guardian Signature

Date
