

# Elgin Lions Club

## Financial Statement

### **PLEASE PRINT**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Ill. Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Number in Family: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If Disabled/Nature of Disability: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Savings Acct. No.: \_\_\_\_\_ Bal.\$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Check Acct. No.: \_\_\_\_\_ Bal.\$ \_\_\_\_\_

### **Total Monthly Income:**

Wages/Salary \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Social Security/SSI \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Public Aid/Local Agency \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

### **Total Monthly Expenses:**

Mortgage/Rent \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Name of Eye Doctor: \_\_\_\_\_

Name of Medical Insurer: \_\_\_\_\_

Do you need other features besides the basic single vision eyeglasses:

\_\_\_\_\_

Has the applicant ever received aid from LIONS in the past two years?

Yes: When (\_\_\_\_\_) No: \_\_\_\_\_

The above information is true to the best of my knowledge for the purpose of obtaining aid from the ELGIN LIONS CLUB. The ELGIN LIONS CLUB is authorized to obtain information as required.

What organization referred you to the Lions? \_\_\_\_\_

Applicant/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Incomplete applications will not be processed. Income and expenses must be listed.**

This process could take 6 to 8 weeks for assistance.

Please return form to:

**Elgin Lions Club  
P.O. Box 276  
Elgin, Illinois 60121  
Eyeglass Program**