

**Elgin Lions Club**  
**P.O. Box 276**  
**Elgin, IL 60121**  
**Financial Statement**

**PLEASE PRINT**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, Ill. Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Total Monthly Expenses:**

Mortgage/Rent	\$ _____
Utilities	\$ _____
Medical	\$ _____
Clothing	\$ _____
Transportation	\$ _____
Credit Cards	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$ _____</b>

Name of Eye Doctor: \_\_\_\_\_  
Name of Medical Insurer: \_\_\_\_\_

Other Comments by Applicant: \_\_\_\_\_

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

Yes: \_\_\_\_\_ When (date) \_\_\_\_\_ 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 concerning above statements.

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

An incomplete application will not be processed. Income and expenses must be listed. This process could take 6 to 8 weeks for assistance.

**Please send to:** Elgin Lions Club at above address or email to [elginillinoislions@gmail.com](mailto:elginillinoislions@gmail.com)

**If applicable, the section below to be filled out by the school nurse:**

School nurse name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_