



BARTLETT LIONS CLUB

APPLICATION FOR ASSISTANCE

Fill out **COMPLETELY** and return to:
Bartlett Lions Club
PO Box 796
Ellendale, TN 38029-0796

Applicants must complete ALL sections of this TWO PAGE application to be eligible for services.
Please Print. Incomplete applications could result in delay or denial of service.

Please circle what you need assistance with?					
Vision (Eye Exams/Glasses)		Vision (Surgery)	Vision (Prosthetic)	Hearing	
Why do you need assistance? (Attach additional sheets as needed)					
Last Name		First Name	MI	Date of Birth	Age
Parent or Guardian Name(s) (if applicant is under 18 years old)				Applicant's Social Security #	
Street Address			City, State, Zip		Home Phone
Email Address				Cell Phone	
List Previous address(s), if less than one year at the address above. (Attach additional sheets as needed)					
List ALL household members include relationship and ages of each. (Attach additional sheets as needed)					
Are you a citizen of the USA? (circle one) Yes / No If NO, do you have a United States PERMANENT RESIDENT CARD? (circle one) Yes / No			Do you live in SHELBY COUNTY? (circle one) Yes / No How long have you lived in Shelby Country? Years _____		
Occupation		Employer and Address		Work Phone Number	
Is Applicant a student? Yes / No		Name of School Attending			Grade or Year
Circle existing Medical Insurance Coverage: None Medicare Medicaid/TennCare Work/Private Insurance Other					
Name of Insurance Provider			Insurance Provider Group and Number		
Have you ever received assistance from a Lions Club? Yes / No					
When?		What Type?			
Signature of Applicant or Parent/Guardian				Application Date	
Name of Witness			Witness Relationship		Witness Phone Number
Signature of Witness				Date	
Who referred you to the Bartlett Lions Club?					

TO WHOM IT MAY CONERN: I hereby authorize any government or private organization or persons who may have current access to my financial records or medical history to release said records and history to the Bartlett Lions Club for express purpose of determining my eligibility for the assistance I am requesting.

COMPLETE ALL SECTIONS OF REVERSE SIDE

MUST COMPLETE ALL BLANKS**MONTHLY INCOME FOR ENTIRE HOUSEHOLD (All Family Members):** [Must include documentation]

"Take Home" pay from Employment for the entire household	\$
Social Security Benefits	\$
Alimony and Child Support (actual amount receive each month)	\$
Retirement Benefits	\$
Veteran's Benefits	\$
Public Assistance (AFDC, SSI, other)	\$
Food Stamps/SNAP/WIC	\$
Section 8 Housing Benefits	\$
Unemployment Benefits	\$
Other Income (specify)	\$
Other Income (specify)	\$
TOTAL MONTHLY INCOME	\$

If you have little or no income, fully explain how you are able to support yourself; for example, who you are living with and who is supporting you. Use a separate sheet of paper if necessary.

PERSONAL ASSETS:**List Value**

Car #1 include Year and Model	\$
Car #2 include Year and Model	\$
Checking Account(s)	\$
Savings Account(s)	\$
Stocks, Bonds, CD's, etc	\$
Value of Home and other Real Estate	\$
Anything else of value	\$
TOTAL VALUE OF ASSETS	\$

MONTHLY EXPENSES:

Housing (Circle One) Rent or Own	\$
Food/Groceries	\$
Utilities: Electric/Gas	\$
Utilities: Water	\$
Utilities: Telephone/Cell Phone	\$
Utilities: Television (Cable)/Internet	\$
Vehicle Fuel	\$
Car Payment(s)	\$
Car Insurance	\$
Medical/Dental Bills	\$
Medical/Dental Insurance	\$
Loan Repayment (specify)	\$
Credit Card Payments	\$
Tobacco and Alcohol Product expenses	\$
Other Monthly Expenses (specify)	\$
TOTAL MONTHLY EXPENSES	\$