



Lions Hearing Aid Application

Financial Information

Name _____ Birth Date _____
Address _____ Apt. # _____
City _____ State _____ Zip Code _____
Phone # _____

MONTHLY GROSS INCOME (Income before taxes/deductions)

Salary of Candidate	\$
Salary of Spouse	\$
Salary of Parents	\$
Social Security Benefits	\$
Retirement Pensions	\$
Income from Other Family	\$
Food Stamps	\$
Investments	\$
Other Income	\$
	\$
	\$
Total Monthly Income	\$

MONTHLY EXPENSES (Monthly average)

Rent/Mortgage	\$
Utilities	\$
Food	\$
Phone	\$
Medicine	\$
Car/Transportation	\$
Child Care	\$
Home Insurance	\$
List/Charge Cards	\$
	\$
	\$
Total Monthly Expenses	\$

All information on and attached to this application is true and correct to the best of my knowledge.

Applicant's Signature _____
(Parent/guardian Signature is under 18)

Witness _____
(If applicant signs with an "X")

TO BE COMPLETED BY LIONS CLUB:

Date Approved	Date Bill Received	Cost	Date Paid
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