

Aberdeen Lions Club

Eye Glass Request Form

Dear Applicant:

It is the intent of the Aberdeen Lions Club to assist those in need of eye care. However, our resources are limited, and we must verify need.

Fill out this form as completely as possible. Remember that the form applies to your household, and include whom the glasses are for. Return the form to the address listed below.

Applications are reviewed on an ongoing basis by the eye glass committee. You will be notified of the committee's decision.

Name _____

Address _____

Telephone _____

Number of Dependents _____

Financial Information (Entire Household)

Use this space to include any information that should be considered in your application.

Taxable Income, Before Deductions

Wages, Salary, Tips, \$ _____
Other Income _____
Social Security \$ _____
Welfare \$ _____
Child Support \$ _____
Veteran's Benefits \$ _____
Food Stamps \$ _____
Other Income \$ _____

Assets

Value of all real estate that you own \$ _____
Cash, Savings, Checking \$ _____
Value of Vehicles \$ _____

Do you have insurance or any other financial assistance for glasses?

Yes _____ No _____
Provider _____

Debt

Consumer, Mortgage \$ _____

Amount _____

List two people we may contact to verify your need. If you are working with a social service agency, please list that person first.

I hereby waive any right of privacy as to the information contained herein and agree that the Aberdeen Lions Club may make inquires as to my financial statute from any part or institution named here in. I further agree and consent that such persons or institutions may divulge any information concerning my financial status.

Name _____ Phone _____

Agency/Relationship _____

Name _____ Phone _____

Agency/Relationship _____

Signed _____

Date _____

Return to:
Aberdeen Lions Club
PO Box 812
Aberdeen, SD 57402-0812

This space for club use only! Date Received _____ Board Meeting _____
