



Application Form for Candidates

Name _____ Birth Date _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Insurance: Name and Policy Numbers of *any/all* Health Insurance Policies

List Names and Ages of Everyone in Your Household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wear a hearing aid? Yes No

If Yes, why do you need one? _____

Is the Applicant employed? Yes No

If No, why? _____

Employer: _____

Applicant Must Read and Sign This Statement:

I fully understand these services are limited to individuals unable to pay for or receive hearing aids from other sources of assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that a hearing aid billed to me prior to the approval of this application will not be paid for by this service.

I also understand my application may be reviewed by the Lions Club and hearing professionals. These forms will be kept on file by the local Lions, the hearing care professional and LCIF. The documents will be kept confidential and not shared with third parties, such as insurance companies.

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

Applicant Signature
(Parent/Guardian Signature if person is under 18)

Witness
(If Applicant signs with an "X")

Lions Affordable Hearing Aid Project



Lions Clubs International
FOUNDATION

Income & Asset Form for Candidates

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

Monthly Gross Income <i>(Income before taxes / deductions)</i>		Monthly Expenses <i>(Monthly average)</i>	
Salary of Candidate	\$ _____	Rent/Mortgage	\$ _____
Salary of Spouse	\$ _____	Utilities	\$ _____
Salary of Parent	\$ _____	Food	\$ _____
Social Security Benefits	\$ _____	Phone	\$ _____
Retirement Pension	\$ _____	Medicine	\$ _____
Income from Other Family	\$ _____	Car/Transportation	\$ _____
Food Stamps	\$ _____	Child Care	\$ _____
Investments	\$ _____	Home Insurance	\$ _____
Assets	\$ _____	List/Charge Cards	\$ _____
Other Income	\$ _____		\$ _____
	\$ _____		\$ _____
Total Monthly Income	\$ _____	Total Monthly Expenses	\$ _____

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

Applicant Signature
(Parent/Guardian Signature if person is under 18)

Witness
(If Applicant signs with an "X")

To be completed by Lions Club:

Date Approved _____ Date Bill Received _____ Cost _____

Date Paid _____