



# Glendale Evening - Longhaven Lions Club Adult Eyeglass Assistance Project



Chairman Al Coir  
P. O. Box 23966, Phoenix AZ 85063-3966  
H 623.846.7402, C 623.341.0604, F 623.266.1164

Date Received: \_\_\_\_\_

**PLEASE PRINT USING PEN.**

Applicant: \_\_\_\_\_ Sex Male Female (please circle)

Full Name (Last, First, Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cel Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Who Referred you to the club? \_\_\_\_\_

Insurance, AHCCCS, Medicare (please specify) \_\_\_\_\_

Monthly Budget: This is monthly income and expenses of the household.

Income husband: \$ \_\_\_\_\_ Wife: \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_

Please list all other incomes(e.g. SSI, SS, Food Stamps, ADC, Interest, Dividends, Royalties, 401K or Retirement Funds)

**TOTAL MONTHLY INCOME** (Please total all of the above).....\$ \_\_\_\_\_

Please list ALL monthly expenses

Rent or Mortgage Payment .....\$ \_\_\_\_\_

Utilities; (Phone, Gas, Electric, Water etc).....\$ \_\_\_\_\_

Food .....\$ \_\_\_\_\_

Insurance, (Auto, Health, Life, etc) .....\$ \_\_\_\_\_

Installment Payments

Dates of final Payment

Auto \_\_\_\_\_ .....\$ \_\_\_\_\_

Loans/charge cards \_\_\_\_\_ .....\$ \_\_\_\_\_

Other Monthly Expenses (Child Support/Medical. etc).....\$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** .....\$ \_\_\_\_\_

Please include any unusual or extraordinary expenses on the reverse. If you have No income or expenses, please explain your living arrangements.

*Requires a \$20.00 co-pay unless wavered by Lions Club.*

To the best of my knowledge, I represent and warrant the above information to be correct.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

LION CLUB USE ONLY: RX _____ Processed: _____ FAXED TO LVC: _____ CASE #: _____ APPROVED BY: _____ NOTE : _____
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