

**Woodinville Lions Club**  
 APPLICATION FOR ASSISTANCE



**Return completed forms to:**  
 Woodinville Lions Club  
 PO Box 417, Woodinville, WA 98072  
 or E-Mail Form to:  
[Assistance@WoodinvilleLions.org](mailto:Assistance@WoodinvilleLions.org)

**Questions:**  
 E-mail:  
[Assistance@WoodinvilleLions.org](mailto:Assistance@WoodinvilleLions.org)

Applicant's Name:		Date:	
Address:			
City:		Zip:	
Home Phone:		E-mail:	
Application is for: Self	<input type="checkbox"/>	Other (Specify):	
Name of Parent if Applicant is a minor:			
What are you applying for?			
<input type="checkbox"/>	Eye Exam	<input type="checkbox"/>	Glasses
<input type="checkbox"/>	Hearing Aid	<input type="checkbox"/>	Hearing Exam
<input type="checkbox"/>	Hearing Aid	Other (Specify):	
<b>Sources of income and Amount:</b>			
			\$
			\$
			\$
Savings Amount:			\$
<b>Expenses (Monthly) Approximate Amount:</b>			
Rent / Mortgage:			\$
Utilities			\$
Car Payment / Insurance:			\$
Food:			\$
Other (Specify):			\$
Type of Health Insurance (Including Medicaid or Medicare):			
What it covers:			
Other pertinent information:			

Applicant's or Parent's signature: \_\_\_\_\_

<p><b>For Club use only:</b>          Date application received: _____          Action taken: _____</p>
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