



## Forest Lions Club - Application for Assistance

### Applicant Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

School (if student) \_\_\_\_\_

\*If the applicant is a student, minor, or unable to complete the application, the parent or responsible person must complete the following information.

### Non Applicant Information:

Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

### General Information:

Do you own or rent your home? \_\_\_\_\_ Amount of Payment \_\_\_\_\_

Present Employment \_\_\_\_\_ How long? \_\_\_\_\_

Past Employment \_\_\_\_\_ How long? \_\_\_\_\_

Present Income \_\_\_\_\_ Family Income \_\_\_\_\_ Persons dependent on it \_\_\_\_\_

Do you receive (list amounts): Medicaid \_\_\_\_\_, Aid to dependent children \_\_\_\_\_,

Medicare \_\_\_\_\_, Food Stamps \_\_\_\_\_, other public assistance \_\_\_\_\_

List some GENERAL INFORMATION noted above for all other household members who are not minors:

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List any other income \_\_\_\_\_

Have you ever received Lions Club assistance? When? \_\_\_\_\_

Assistance requested \_\_\_\_\_

Doctor's name, address and telephone number \_\_\_\_\_

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I hereby give my consent to the Forest Lions Club to verify the above information. I further authorize the Department of Social Services, which serves the area in which I reside, to provide verification, or other information, beneficial to the evaluation of this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail form to:

Forest Lions Club  
P.O. Box 834  
Forest, Virginia 24551