

APPLICANT

PARENT, SPOUSE OR
GAURDIAN

INCOME AND EXPENSES

REPORT ON APPLICANT

GULFPORT LIONS CLUB SIGHT CONSERVATION COMMITTEE						Application No. _____	
SIGHT CONSERVATION APPLICATION							
Name of applicant: _____				Medicare N. / Soc. Sec.: _____		Age: _____	
Address: _____				Phone No. _____			
Occupation – Student or type of work: _____		School, Employer name or unemployed: _____		Why Unemployed? _____			
				☐ Permanent ☐ Temporary			
Does the family: ☐ Own ☐ Rent ☐ Share with others? Sharing with whom? _____							
Number in Household _____		Ages in Adults _____		Others in the household and relationship: _____			
Family: Children _____							
☐ Father/ ☐ Husband/ ☐ Guardians Name _____		☐ Mother/ ☐ Wife/ ☐ Guardian's Name _____					
Occupation: _____				Occupation: _____			
Employer: _____				Employer: _____			
If unemployed, why? _____				If unemployed, why? _____			
☐ Permanent ☐ Temporary				☐ Permanent ☐ Temporary			
MONTHLY INCOME		Of Applicant		Of others		MONTHLY EXPENSES (Not Agency Standard)	
Father - Husband						Please itemize actual monthly expenses and for how long payments will run	
Mother - Wife						Amount Per Month	
Others in Household						How Long To Run	
Unemployment Comp.						House Payment (Rent or Mtg.)	
Disability Comp.						Auto Payment	
Alimony						Year and make of auto	
Child Support						Food Stamps	
Aid Dependent Children						Utilities	
Veteran's Pension						Clothing	
Retirement Pension						Doctor and Medicine	
Social Security						Insurance Payments	
Rental Income						Furniture and appliances	
Welfare						Loans	
Other:						Auto Expenses	
Other:						All other Expenses	
Other:						Expenses of others	
TOTAL INCOME 0		0		0		TOTAL EXPENSES 0	
DIFFERENTIAL (+ OR -) \$ 0 EXPLAIN: _____							
Do you receive school lunches? ☐ Yes ☐ No						Do you receive food stamps? ☐ Yes ☐ No	
Interviewed by _____ Dept. or Agency _____				Application was ☐ Approved ☐ Rejected ☐ Returned for more information			
Interviewed where: _____							
PREV. APPL. No. _____ ☐ Exam. ☐ Glasses ☐ Date: _____				Type of Service Performed: ☐ Exam and Report ☐ Exam & Glasses, if needed ☐ Refer to Ophthalmologist ☐ Fill Rx Only ☐ Visual Training ☐ Surgery ☐ Other _____			
Services Requested: _____ Other _____							
How Referred to Lions: _____							
Your Additional Remarks for Committee: _____				Remarks by Committee: _____			
Must be signed by Applicant, Parent or Guardian _____ Date: _____				Signature of Committee: _____		Date of Action: _____	

ALL APPLICATIONS MUST BE MADE BY PERSONAL INTERVIEW (No Phone Application)