

REDMOND LIONS CLUB
APPLICATION FOR ASSISTANCE

Return completed forms to:
Redmond Lions Club
PO Box 44
Redmond, WA 98073

Questions:
Call Donna Needham
425-333-4833

Applicant's Name: _____ Date: _____

Address: _____

Phone: _____ e-mail: _____

Application is for: ___ self ___ other (specify) _____

What are you applying for:

___ eye exam ___ glasses ___ hearing exam

___ hearing aid(s) ___ other (specify) _____

Sources of income	Amount

Savings	Amount

Expenses (monthly)	Amount
Rent/mortgage	
Utilities	
Car payment/insurance	
Food	
Other (specify)	

Type of Health Insurance (including Medicaid)	What it covers

Other pertinent information: _____

applicant's signature

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For Club use only

Application received: _____

Action taken: _____