E-MAIL APPLICATION

GONZALES LIONS CLUB

APPLICATION FOR EYE GLASSES

DATE: _____ **INVOICE#:** _____

NAME: _____ **DOB:** _____ **SEX:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAYTIME PHONE#: _____ **CELL#:** _____

HEAD OF HOUSEHOLD NAME: _____

IS HEAD OF HOUSEHOLD EMPLOYED? YES ☐ NO ☐ **EMPLOYER:** _____
(CIRCLE ONE)

TOTAL INCOME OF HOUSEHOLD IS $_____ **PER WEEK**

PLEASE LIST AMOUNT NEXT TO EACH BENEFIT:

DISABILITY $_____ **WELFARE** $_____ **FOOD STAMPS** $_____

SOCIAL SECURITY $_____ **CHILD SUPPORT** $_____

DOES HEAD OF HOUSEHOLD OWN A HOME? YES ☐ NO ☐ **DO THEY RENT?** YES ☐ NO ☐
(CIRCLE ONE) (CIRCLE ONE)

HAVE YOU EVER APPLIED FOR AID FROM THE LIONC CLUB? YES ☐ NO ☐ **When?** _____
(CIRCLE ONE)

IF APPLICANT IS UNDER THE AGE OF 21, PLEASE GIVE THE FOLLOWING:

NAME OF SCHOOL: _____ **GRADE LEVEL:** _____

NAME OF PERSON WHO CAN VERIFY THE ABOVE INFORMATION (e.g. social worker, welfare agent, etc.):

NAME: _____ **LOCATION:** _____

PHONE#: _____

NAME OF CURRENT EYE DOCTOR: _____

NAME OF CURRENT MEDICAL INSURANCE: _____

NAME OF CURRENT VISION INSURANCE: _____

_____ _____
SIGNATURE OF APPLICANT/GUARDIAN APPROVED BY

NOTE: ANY FALSE STATEMENTS MAY IN EFFECT VOID THIS APPLICATION. RETURN TO:

Gonzales Lions Club
C/O Andrew Bertrand
2001 S. Burnside Avenue
Gonzales, LA 70737

Last updated: June 6, 2018