

**EUREKA HOST LIONS CLUB**  
Eureka, Calif.  
**Sight Saving Program**  
Application for Assistance

Date: \_\_\_\_\_

Name:		Age:
Work Telephone:	Home Telephone:	
Home Street Address (No PO Boxes):		Apt./Space #:
City:	State:	Zip:
Referred by:	Relationship:	
Address:	Telephone:	
Length of time in Eureka:	Prior Residence:	Number in family:
Employed by:	Position:	How Long:

**FINANCIAL INFORMATION:**

MONTHLY INCOME		MONTHLY EXPENSE	
Employment:	\$	Rent / Mortgage:	\$
Employment:	\$	Utilities – Electric:	\$
Food Stamps:	\$	Utilities – Gas:	\$
A.F.D.C.:	\$	Utilities – Other:	\$
Unemployment:	\$	Food (with Food Stamps):	\$
Alimony:	\$	Payments _____:	\$
Child Support:	\$	Payments _____:	\$
Retirement:	\$	Payments _____:	\$
S.S.I./Soc. Sec.	\$	Payments _____:	\$
<b>Other Income:</b>		<b>Other Expenses:</b>	
Source _____:	\$	Source _____:	\$
Source _____:	\$	Source _____:	\$
Source _____:	\$	Source _____:	\$
<b>TOTAL INCOME:</b>	<b>\$</b>	<b>TOTAL EXPENSE:</b>	<b>\$</b>

Are you willing and able to share in this expense if the Lions Club will pay the rest?  Yes  No

If yes, how much can you pay? \_\_\_\_\_

Other information the Committee should have in considering this application: \_\_\_\_\_

MAIL THIS COMPLETED FORM TO:

Board of Directors, Eureka Host Lions Club  
c/o Robert Lazelle  
2157 A St.  
Eureka, CA 95501