

# Leechburg - Gilpin Lions Club, Inc.

## FINANCIAL ASSISTANCE APPLICATION

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
Marital status: \_\_\_\_\_ If applicant is a minor, marital status of parents: \_\_\_\_\_  
If applicant is a minor, person making request: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Number of persons in the household: \_\_\_\_\_ Reason for financial assistance: \_\_\_\_\_  
Has the applicant or any family member ever received aid from the Lions Club? Yes No  
If yes, please list names and indicate when it was provided on the back of this form.

<u>TOTAL MONTHLY INCOME</u>	
Wages:	\$ _____
Social Security:	\$ _____
Public assistance:	\$ _____
Other income: (please itemize)	
<u>Source:</u>	<u>Amount:</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL INCOME:</b>	<b>\$ _____</b>
Do you own your home?	Y N
Do you own a car?	Y N
Do you receive assistance?	Y N
If yes, type of card? _____	

<u>TOTAL MONTHLY EXPENSES</u>	
Rent:	\$ _____
Electricity:	\$ _____
Gas:	\$ _____
Water/sewage:	\$ _____
Telephone:	\$ _____
Cable/Dish (TV)	\$ _____
Other expenses: (please itemize)	
<u>Source:</u>	<u>Amount:</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXPENSES:</b>	<b>\$ _____</b>

I certify that the above information is true and accurate. \_\_\_\_\_  
(please sign)

Please return to: Leechburg-Gilpin Lions Club, Inc., PO Box 124, Leechburg, PA 15656