

# Kingman Mohave Lions Club

P.O. Box 4316  
Kingman, Arizona  
[www.kingmanlions.org](http://www.kingmanlions.org)  
928- 753-4505

## ADULT APPLICATION FOR FINANCIAL ASSISTANCE FOR EYE GLASSES *In Order To Be Considered This Form Must Be Completed In Full*

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### Applicant Information

Name: \_\_\_\_\_ Sex:  M  F  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
How long at this address: \_\_\_\_\_ Total number in household: \_\_\_\_\_  
Date of last eye exam:    /    /    Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_

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### Financial Information

Sources of income (*check all that apply*):  
 Employment     Social Security     Disability     Child Support     Retirement     Other  
Are you steadily employed:  Y     N    If yes, how long with present employer: \_\_\_\_\_  
Employer: \_\_\_\_\_ Gross monthly earnings: \$ \_\_\_\_\_  
Employer address: \_\_\_\_\_  
Additional income (*amount and source*): \_\_\_\_\_  
Do you pay mortgage or rent:  Y     N    If yes, how much do you pay: \$ \_\_\_\_\_  
Total monthly expenses (*excluding rent*): \$ \_\_\_\_\_

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**Please Explain Why You Are Applying For Financial Assistance** (*Attach additional sheet if necessary*)

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**THIS IS TO CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.  
I ALSO AUTHORIZE THE MOHAVE LIONS CLUB TO VERIFY ANY INFORMATION ON THIS  
APPLICATION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\* *Return a completed form to the address above. The Kingman Mohave Lions Club has a limited amount of funds each year for the adult eye glasses program. If your household earnings are above the Federal Poverty Level as published by the U.S. Department of Health & Human Services, then you will not qualify for this program. Your application will be reviewed based on these guidelines and you will be notified if you qualify and if funds are available.*

