

Lions Affordable Hearing Aid Project  
Income & Asset Form for Candidates

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Monthly Gross Income <i>(Income before taxes / deductions)</i>		Monthly Expenses <i>(Monthly average)</i>	
Salary of Candidate	\$ _____	Rent/Mortgage	\$ _____
Salary of Spouse	\$ _____	Utilities	\$ _____
Salary of Parent	\$ _____	Food	\$ _____
Social Security Benefits	\$ _____	Phone	\$ _____
Retirement Pension	\$ _____	Medicine	\$ _____
Income from Other Family	\$ _____	Car/Transportation	\$ _____
Food Stamps	\$ _____	Child Care	\$ _____
Investments	\$ _____	Home Insurance	\$ _____
Assets	\$ _____	List/Charge Cards	\$ _____
Other Income	\$ _____		\$ _____
	\$ _____		\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>Total Monthly Expenses</b>	<b>\$ _____</b>

*All information on and attached to this application is true and correct to the best of my knowledge.*

\_\_\_\_\_  
*Applicant Signature*  
*(Parent/Guardian Signature if person is under 18)*

\_\_\_\_\_  
*Witness*  
*(If Applicant signs with an "X")*

<i>To be completed by Lions Club:</i>		
<i>Date Approved</i> _____	<i>Date Bill Received</i> _____	<i>Cost</i> _____
<i>Date Paid</i> _____		