

APPLICATION FOR GLASSES
OVERGAARD PONDEROSA LIONS FOUNDATION

P.O. BOX 402
OVERGAARD, AZ 85933



(Except for the purpose of verification, information will be held confidential.)

DATE: _____ APPLICANT NAME: _____ BIRTH DATE: _____

SOCIAL SECURITY # (optional) _____

IS ABOVE-APPLICANT NAME INDIVIDUAL COVERED BY ACCESS? YES _____ NO _____

IS ABOVE-APPLICANT NAME INDIVIDUAL COVERED BY MEDICAL INSURANCE? YES _____ NO _____

NAME OF MEDICAL INSURANCE COMPANY? _____

CHECK ONE: Married: _____ Widowed: _____ Divorced: _____ Single: _____

MAILING ADDRESS: _____ CITY & STATE: _____ ZIP: _____

STREET ADDRESS: _____ PHONE: _____

RENTING: YES _____ NO _____, BUYING: YES _____ NO _____, HOW LONG AT ADDRESS? _____

ARE YOU A PERMANENT RESIDENT OF ARIZONA? YES _____ NO _____

NAME AND AGES OF OTHER CHILDREN OR DEPENDENTS LIVING IN HOUSEHOLD:

NAME

AGE

NAME

AGE

EMPLOYER: _____

SPOUSE'S EMPLOYER (if any) _____

TOTAL TAKE-HOME INCOME FROM EMPLOYMENT (incl. Spouse) \$ _____ (week) or (month)

LIST OTHER SOURCES OF INCOME (Example: AFDC, Social Security, OSI, Disability, Welfare, veterans benefit, retirement benefits, etc.):

TOTAL AMOUNT: _____

(CONTINUED ON BACK)

DID YOU PAY INCOME TAXES LAST YEAR? YES _____ NO _____

DO YOU CURRENTLY RECEIVE FOOD STAMPS? YES _____ NO _____

WHAT IS YOUR MONTHLY HOUSE PAYMENT? \$ _____ RENT? _____

OTHER OUTSTANDING MONTHLY PAYMENTS OR OBLIGATIONS:

Type: _____ Amt. per month \$ _____ Type: _____ Amt. per month \$ _____

Type: _____ Amt. per month \$ _____ Type: _____ Amt. per month \$ _____

ARE THERE ANY OTHER CIRCUMSTANCES CAUSING A SPECIAL FINANCIAL HARDSHIP ON YOUR FAMILY AT THE PRESENT TIME? YES _____ NO _____

IF YES, PLEASE EXPLAIN NATURE AND COST(S):

WHO REFERRED YOU TO THE *OVERGAARD PONDEROSA LIONS FOUNDATION*? _____

BY SIGNING BELOW, I CONFIRM THE INFORMATION INCLUDED IN THIS APPLICATION FOR GLASSES IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____ DATED: _____

(Information below is to be filled in by Overgaard Ponderosa Lions Foundation:)

DATE APPLICATION RECEIVED: _____

BOARD OF DIRECTORS ACTION: _____ DATE: _____

BOARD OF DIRECTORS COMMENTS: