

Income Qualification Form (Prospective One Sight Program)

Name: _____ Birth Date: _____

Address: _____ Apt. # _____

City _____ State _____ Zip _____

Monthly Gross Income
(Income before taxes/deductions)

Monthly Expenses
(Monthly Average)

| | |
|-----------------------------|-----------|
| Salary of Candidate | \$ |
| Salary of Spouse | \$ |
| Salary of Parent | \$ |
| Social Security Benefits | \$ |
| Retirement Pension | \$ |
| Income from other family | \$ |
| Food Stamps | \$ |
| Investments | \$ |
| Other Income | \$ |
| | \$ |
| | \$ |
| Total Monthly Income | \$ |

| | |
|-------------------------------|-----------|
| Rent/Mortgage | \$ |
| Utilities | \$ |
| Food | \$ |
| Phone | \$ |
| Medicine | \$ |
| Car/Transportation | \$ |
| Child Care | \$ |
| Home Insurance | \$ |
| List/Charge Cards | \$ |
| | \$ |
| | \$ |
| Total Monthly Expenses | \$ |

Number of individuals in your immediate household? _____

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")

To be completed by Lions Club:
 Date Approved _____ Date Bill Received _____ Cost _____
 Date Paid _____