

REQUEST FOR ASSISTANCE with HEARING NEEDS
from
THE LIONS CLUB OF BUFFALO, INC.
HOST CLUB
3108 Main Street
Buffalo, New York 14214

(Please complete all applicable sections and return to the above address, **Attn: Hearing Conservation Chair**; all information is confidential, but subject to verification.)

APPLICANT'S Name: _____ Age: _____
Address: _____ Zip: _____ Phone: _____
Occupation: _____
Employer: _____
Employer's Address: _____ Zip: _____

IF APPLICANT'S REQUEST IS ON BEHALF OF ANOTHER PERSON(S), GIVE:

Name: _____ Age: _____
Address: _____ Zip: _____ Phone: _____
Relation to applicant: _____

THE FOLLOWING INFORMATION, CONCERNING THE APPLICANT, IS REQUIRED
ASSETS AND RESPONSIBILITIES

Number of persons supported by the applicant: _____
Gross family income from: Wages _____; Pensions: _____; Unemployment: _____
Rental properties: _____; Social Security: _____; Welfare: _____;
Other (specify): _____ **Total monthly income: \$** _____
Bank account at (bank name): _____ How much? _____

EXPENSES

Monthly rent or mortgage payment: _____; Water: _____;
Electricity: _____; Natural Gas/Fuel Oil: _____; Phone: _____
Monthly auto payments: _____ for (make & model): _____
Other monthly payments: _____ for what?: _____
Outstanding large debts (total): _____

I AM REQUESTING THE LIONS' ASSISTANCE WITH (please check):

___ Hearing aid; ___ Personal assistive listening device; ___ TTY/TDD; ___ Ear surgery;
___ Other (specify) _____

Do you have an audiological prescription? ___ Yes, ___ No; Date of most recent ear exam _____

IN THE SPACE BELOW, OR ON THE REVERSE SIDE OF THIS SHEET, GIVE A BRIEF
EXPLANATION OF YOUR REQUEST AND WHY YOU NEED OUR ASSISTANCE,

Signature of Applicant: _____ Date: _____