



# INDIVIDUAL ASSISTANCE REQUEST

Date: \_\_\_\_\_

The Information provided on your application will be reviewed by the Bellingham-Central Lions Club Community Needs Committee and Board of Directors.

## YOUR PERSONAL INFORMATION

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: (Circle One):      Male              Female              Other

## INFORMATION ON INDIVIDUALS SHARING HOUSEHOLD

| Name | Age | Gender | Relationship |
|------|-----|--------|--------------|
|      |     |        |              |
|      |     |        |              |
|      |     |        |              |
|      |     |        |              |
|      |     |        |              |

## PLEASE LIST YOUR SPECIFIC REQUESTS

| Item | Date Needed | Cost Information |
|------|-------------|------------------|
|      |             |                  |
|      |             |                  |

Why do you need assistance? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_ Organization: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Have you received assistance from Lions in the past? (Circle One)      Yes              No

If yes, when? \_\_\_\_\_ What did you receive? \_\_\_\_\_

## EMPLOYMENT

Are you employed? (Circle One)      Yes      No      If yes, name employer: \_\_\_\_\_

If No, who was your most recent employer and when? \_\_\_\_\_

Is your spouse/partner employed? Yes      No      If yes, name employer: \_\_\_\_\_

**HOUSING**

Circle One: Own/Purchasing House      Renting      Homeless      Other (Please describe below:)

**MEDICAL**

Are you on (circle): Medicare      Medicaid      Name of Supplemental/Personal Insurance?

**FINANCIAL NEEDS ASSESSMENT**

| <b>Income Source &amp; Amount</b>        | <b>Applicant</b> | <b>Applicant's Partner</b> |
|--|------------------|----------------------------|
| Primary Job                              |                  |                            |
| Secondary job                            |                  |                            |
| Child Support                            |                  |                            |
| Alimony                                  |                  |                            |
| Pension                                  |                  |                            |
| Social Security Retirement/Disability    |                  |                            |
| Government Assistance (food stamps etc.) |                  |                            |
| Other Household Income                   |                  |                            |
| Investments                              |                  |                            |
| Savings Account                          |                  |                            |

**Your Monthly Expenses**

| <b>Type of Expense</b>               | <b>Amount</b> | <b>Balance</b> |
|--------------------------------------|---------------|----------------|
| Rent/Mortgage                        |               |                |
| Auto Payment(s)                      |               |                |
| Auto Insurance                       |               |                |
| Auto Gas and Oil                     |               |                |
| Heat (gas, oil, electric, wood etc.) |               |                |
| Water                                |               |                |
| Phone                                |               |                |
| Cable                                |               |                |
| Medical Insurance Premium            |               |                |
| Medical Insurance Co-Pay             |               |                |
| Drug Prescriptions                   |               |                |
| Child Support                        |               |                |
| Alimony                              |               |                |
| Day Care                             |               |                |
| Credit Card Payments                 |               |                |
| Loan Payments                        |               |                |
| Other                                |               |                |
| <b>Total Monthly Expenses</b>        |               |                |

The information I have provided on this form is true and accurate to the best of my ability. I authorize Bellingham-Central Lions to verify the information provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Printed Name)