



## ELMHURST LIONS CLUB APPLICATION FOR ASSISTANCE

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

If request is being made on behalf of someone, recipient's name and address: \_\_\_\_\_

Age of Recipient: \_\_\_\_\_

Relationship to recipient: \_\_\_\_\_

Has recipient received assistance from the Elmhurst Lions Club previously? If yes, please provide assistance given and date: \_\_\_\_\_

Does Recipient, or parents if a minor, receive any of the following:

Public aid \_\_\_\_\_

Welfare \_\_\_\_\_

Social Security \_\_\_\_\_

Unemployment Insurance \_\_\_\_\_

Union Benefits \_\_\_\_\_

Medicare \_\_\_\_\_

Medicaid \_\_\_\_\_

Other \_\_\_\_\_

What insurance is the recipient covered under? \_\_\_\_\_

Current income of recipient, or parents if a minor, per month: \_\_\_\_\_

Amount of assistance being requested: \_\_\_\_\_

Assistance requested (describe in detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer the following question: I am requesting assistance from the Elmhurst Lions Club because: \_\_\_\_\_

\_\_\_\_\_

Urgency of Need (must be completed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All questions must be answered to the best of your ability.

Signed: Applicant: \_\_\_\_\_

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