

Momence Lions Club  
Eyeglass Fund Application Worksheet

Please complete this worksheet to your best ability. If you have any questions regarding this application, please email [momencelions@gmail.com](mailto:momencelions@gmail.com).

Applicant's Name

Applicant's Guardian (if applicable)

Applicant's (or Guardian's) Marital Status (if applicable)    Single            Married

Applicant's date of birth (month/day/year)            /            /

Applicant's mailing address:

What is your and your spouse's (if applicable) employment status including employer name, length of employment, and whether or not the position is part or full time?

What is your yearly household pre-tax income? \$

If you or your spouse do not have an income, where do you receive financial support from and approximately how much monthly?

Do you care for any family members with disabilities? YES / NO  
(if applicable, please explain)

How many dependants do you claim on your taxes?

When was your last eye exam? (month/year)            /

Do you currently wear eyeglasses? YES / NO

How long have you worn your current pair? <1yr    1-2    3-4    5+

Do you have any conditions requiring additional care (glaucoma cataracts)? YES / NO  
(if applicable, please explain)

Do you have any PPO or HMO health insurance? If so, which and what coverage does it provide?

