



CRISFIELD LIONS CLUB

Where There's a NEED, There's a LION!

Application for Financial Assistance

All information provided with be kept confidential

Referred by: _____

Date of Application: _____

General Information:

Applicant Name: _____

Applicant Address: _____

Phone Number: _____ Email: _____

State the nature of the problem you are requesting assistance with:

Number of individuals currently living in the home and their ages

Adults: _____

Ages: _____

Children: _____

Ages: _____

Financial Information:

If Yes to any below questions, please provide amount, if applicable.

Do you have a medical assistance care? _____

Do you receive social security or disability Income? _____

Do you receive child support? _____

Do you receive any other assistance? _____

State the number of wage earners in the home, place of employment and monthly salary:



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Financial Information (cont.)

List all monthly expenses:

Mortgage: _____

Rent: _____

Car Payment: _____

Car Insurance: _____

Utilities: _____

Phone: _____

Other Monthly obligations: _____

Comments: _____

I HERBY DECLARE THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Applicant or Guardian Signature

Date

ALL INFORMATION CONTAINED AND PROVIDED WITH THIS APPLICATION IS STRICTLY CONFIDENTIAL AND WILL ONLY BE USED TO DETERMINE THE NEEDS OF THE APPLICANT

When Completed please return to:

Crisfield Lions Club
PO Box 128
Crisfield, MD 21817

OR email to: CrisfieldLions@gmail.com