

Must Complete:

Reasons for requesting assistance: _____

Have you requested assistance from another organization? Y/N _____

Have there been/will there be events to raise funds for you? Y/N _____

Employed? Y/N Group Insurance Carrier: _____ Plan: _____

Provincial Health # _____

Monthly Expenses:

Monthly Income:

Food \$ _____

Take home pay: \$ _____

Rent/Mortgage \$ _____

Family Allowance \$ _____

Utilities: \$ _____

Workers Compensation: \$ _____

Vehicle: \$ _____

Employment Insurance: \$ _____

Other: \$ _____

Other Income: \$ _____

Total Expenses: \$ _____

Total Income: \$ _____

Family Assets: _____

(Example: RRSP's, Mutual Funds, Term Deposits, Bonds etc.)

of children in family: _____

Ages: _____

of dependents (other than children): _____

Other important information: _____

I verify that the information provided is complete and correct to the best of my knowledge. All information provided will be kept strictly confidential.

Signature of Applicant

Signature of Lions Club President

*The Foundation is able to provide assistance through the generous donations of community members. On occasion, the Foundation may contact you to share your story through a mutually agreed upon format. Yes No