



# MN Lions Hearing Foundation Affordable Hearing Aid Project



## Candidate Application Form

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Insurance:** Name and Policy Numbers of any/all Health Insurance Policies

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

**List Names and Ages of Everyone in Your Household:**

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wear a hearing aid?    Yes     No

Is the candidate employed?    Yes     No     Employer Information \_\_\_\_\_

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

### Applicant Must Read and Sign This Statement:

I fully understand these services are limited to individuals unable to pay for or receive hearing aids from other sources of assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that a hearing aid billed to me prior to the approval of this application will not be paid for by this service.

I also understand my application may be reviewed by the Lions Club and hearing professionals. These forms will be kept on file by the local Lions, and the hearing care professional. The documents will be kept confidential and not shared with third parties, such as insurance companies.

All information on and attached to this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Applicant Signature**  
*(Parent/Guardian Signature if person is under 18)*

\_\_\_\_\_  
**Witness**  
*(If Applicant signs with an "X")*

over



# MN Lions Hearing Foundation Affordable Hearing Aid Project



## Candidate Income & Asset Form

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Monthly Gross Income <i>(Income before taxes / deductions)</i>		Monthly Expenses <i>(Monthly average)</i>	
Salary of Candidate	\$ _____	Rent/Mortgage	\$ _____
Salary of Spouse	\$ _____	Utilities	\$ _____
Salary of Parent	\$ _____	Food	\$ _____
Social Security Benefits	\$ _____	Phone	\$ _____
Retirement Pension	\$ _____	Medicine	\$ _____
Income from Other Family	\$ _____	Car/Transportation	\$ _____
Food Stamps	\$ _____	Child Care	\$ _____
Investments	\$ _____	Home Insurance	\$ _____
Assets	\$ _____	List/Charge Cards	\$ _____
Other Income	\$ _____		\$ _____
	\$ _____		\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>Total Monthly Expenses</b>	<b>\$ _____</b>

All information on and attached to this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Applicant Signature**  
*(Parent/Guardian Signature if person is under 18)*

\_\_\_\_\_  
**Witness**  
*(If Applicant signs with an "X")*

To be completed by Lions Club:

Date Approved \_\_\_\_\_ Date Bill Received \_\_\_\_\_ Cost \_\_\_\_\_

Date Paid \_\_\_\_\_