

NEW MEXICO LIONS EYE BANK
EYE GLASS APPLICATION

PLEASE ANSWER ALL QUESTIONS

APPLICANT MUST BE INTERVIEWED BY A MEMBER OF A LOCAL LIONS CLUB

Please Answer EVERY QUESTION: (If it does not apply mark "no" or "none") otherwise forms will be returned, thus causing delay. If applicant is a minor or is living with and or supported by parents, data required pertains to both the parent or guardian and applicant. The New Mexico Lions Eye Bank.. will not assume any financial obligation or responsibility untilstbapplication has been approved by a designee of the Eye Bank

PLEASE PRINT OR TYPE

Name of applicant in full _____ Phone # _____
First Middle Last

Residence of applicant _____
Street or Box City State Zip

Sex _____ Age _____ Birth date _____ Married _____ Single _____

Name of Parent or Guardian if applicant is a minor _____

Has previous application been made for Eyeglasses or Eye Exam to the New Mexico Lions Eye Bank? Y / N

Name of Employer _____ Date employed from _____ to _____

Own business? _____ Net Worth _____ Kind _____ Wages _____ Draws _____

If no income, how are you supported? _____

Can any member of family contribute toward Eyeglasses and/or Exam? _____ To what extent? _____

Do you carry Blue Cross, Blue Shield, or any other medical or hospital insurance?

Please list name of company _____

Are you registered with the Medicare/Medicaid Program to cover doctor's fees? Y / N

ANNUAL INCOME

ASSETS

REAL ESTATE:

Salary of Applicant - NET..... \$ _____ Amount of ALL Mortgages... \$ _____

Salary of Spouse - NET..... \$ _____ Bank Account-Savings-CDs.....\$ _____

Salary of Parent or Guardian - NET \$ _____ Bank Accounts-Checking.....\$ _____

Social Security..... \$ _____ Stocks, MARKET VALUE.....\$ _____

Disability Pension.....\$ _____ Bonds, MARKET VALUE.....\$ _____

Retirement Pension.....\$ _____ Other assets..... \$ _____

Welfare Assistance.....\$ _____ TOTAL NET ASSETS..... \$ _____

Other income.....\$ _____ LIST ANY UNUSUAL OR EXTENUATING CIRCUMSTANCES

TOTAL NET INCOME (Annually)..... \$ _____

Number in family dependent on income above _____

Do you have a current prescription for glasses? (less than 1 year old) Yes _____ No _____

Date _____, 20 _____

Witnessed By _____ Signed _____
(Must be a Lions Club Member) Applicant (Parent or Guardian if a Minor)

Address of Witness _____
Street

City State Zip