Bradley Lion Club
of Kankakee County
P.O. Box 216
Bradley, IL 60915

APPLICATION INFORMATION PLEASE PRINT DATE _____

Name _____ Date of Birth _____

Address _____ Apt. Number _____

City _____ Zip _____

Home Telephone _____ Work Phone _____

Cell Phone _____ Sex _____Male _____Female

ASSISTANCE REQUESTED

___Eye exam ___Eye Glasses _____Hearing Test ____ Hearing Aid ____ other please explain

_____

**If applicant is under 18, parent or guardian must complete the rest of application*

Martial Status _____ Number of dependants _____ Ages _____

Are you currently

_____Working, occupation _____

Employers Name _____

Address _____

Phone Number (_____) _____

_____Disabled, nature _____

____ _Student _____ Full time _____Part time

TOTAL MONTHLY INCOME		TOTAL MONTHLY EXPENSE	
Wage, general assist.	$ _____	Rent/ Expenses	$ _____
Pension	$ _____	Utilities	$ _____
Unemployment	$_____	Medical	$ _____
Social Security/SSI	$ _____	Clothing	$ _____
Ill Link Card	$ _____	Food	$ _____
Other	$ _____	Other	$ _____

Do you have ____ Medical Insurance, Ins Co. _____

____ Medicaid Card _____

The above information is true to the best of my knowledge X _____

Must be signed by the adult requesting assistance.