

Income

If applicant is a minor, list parent/guardian's income information.

List all sources of income (salary, social security, alimony, child support, pension, stocks, bonds, etc.) for **all** in household.

Use back of application if necessary.

Applicant:

Employment Income: \$ _____ Monthly Yearly

Veterans Income: \$ _____ Monthly Yearly

Food Stamps: \$ _____ Monthly Yearly

Unemployment \$ _____ Monthly Yearly

Alimony \$ _____ Monthly Yearly

Child Support \$ _____ Monthly Yearly

Public Assistance \$ _____ Monthly Yearly Case # _____

SSI: Yes No Reason for receiving SSI? _____ \$ _____ Monthly

How long receiving SSI? _____

Other Source of Income: _____ \$ _____ Monthly Yearly

Spouse/Others in Household:

Source of Income: _____ \$ _____ Monthly Yearly

Source of Income: _____ \$ _____ Monthly Yearly

Source of Income: _____ \$ _____ Monthly Yearly

SSI: Yes No Reason for receiving SSI? _____ \$ _____ Monthly

How long receiving SSI? _____

Employment Status of Applicant: Employed Other Retired

Name of Current Employer: _____

Phone: _____ How long have you been employed there? _____ Months Year

Total household income: \$ _____ Monthly Yearly (Total Income includes all living in household)

Expense Information

Electric: \$ _____ Monthly Yearly

Gas: \$ _____ Monthly Yearly

Water: \$ _____ Monthly Yearly

TV/Cable: \$ _____ Monthly Yearly

Internet: \$ _____ Monthly Yearly

Landline Phone: \$ _____ Monthly Yearly

Cell Phone: \$ _____ Monthly Yearly

Total Credit Cards: \$ _____ Monthly Yearly

Real Estate Tax: \$ _____ Monthly Yearly

Property Tax: \$ _____ Monthly Yearly

Life Insurance: \$ _____ Monthly Yearly

Auto Insurance: \$ _____ Monthly Yearly

Supplemental Insurance: \$ _____ Monthly Yearly

Prescriptions: \$ _____ Monthly Yearly

Other:

_____ \$ _____ Monthly Yearly

_____ \$ _____ Monthly Yearly

Additional Information

Do you own your home? Yes No Value \$ _____ Payments \$ _____ Monthly

Do you rent? Yes No Monthly Rent \$ _____ Utilities Included? Yes No

Vehicles:

Year	Model	Value	Monthly Payments
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Applicant's Name: _____

Mark 1 Box For Each Item. (Unanswered questions will delay this process.)

Do you currently have:

Checking Account Yes No If yes, provide all pages of six (6) months of current bank statements

Savings Account Yes No If yes, provide all pages of six (6) months of current bank statements

CD (s) Yes No If yes, provide most recent statement

Stocks/Bonds Yes No If yes, provide most recent statement

Annuity Yes No If yes, provide most recent statement

IRA/401K Yes No If yes, provide most recent statement

Money Market Account Yes No If yes, provide most recent statement

Burial Account Yes No If yes, provide most recent statement

One year's tax return attached Yes No Must not be older than three (3) years and **must** be attached for consideration

Are you a Medicaid recipient? Yes No

Does your health insurance (or Medicare Supplement) offer a benefit for hearing aids?

Yes How much is the benefit? \$ _____

No

Release of Information

I understand the information I submit to the West Virginia Lions Sight Conservation Foundation concerning my annual income, family size, family resources, insurance, medical history, and all financial information is subject to verification by the WVLSFC and/or their agents. This verification will be done by phone, letter, email, or credit check. **I understand that if I knowingly omit or submit false information, I will be denied consideration for assistance at any point during the process.**

Applicant's Name: _____

Spouse's Name: _____

Date of Birth: _____

Date of Birth: _____

Applicant's Signature: _____

Spouse's Signature: _____

(If minor, parent/guardian signature required)

If signed by power of attorney (POA), please send copy of POA. The laws of the State of West Virginia shall govern the resulting transaction and any claim or dispute arising out of such transaction.

Information to Consider Before Completing Application

1. **Income Guidelines:** All income figures are considered NET. NET is the amount you actually receive in your check (s), regardless of the source.

2017 Income Guidelines

Persons in Household	48 States and DC Yearly	48 States and DC Monthly	Alaska Yearly	Alaska Monthly	Hawaii Yearly	Hawaii Monthly
1	\$23,760	\$1,980	\$29,260	\$2,438	\$27,340	\$2,278
2	\$32,040	\$2,670	\$40,040	\$3,336	\$36,860	\$3,071
3	\$40,320	\$3,360	\$50,400	\$4,200	\$46,380	\$3,865
4	\$48,600	\$4,050	\$60,760	\$5,063	\$55,900	\$4,658
5	\$56,880	\$4,740	\$71,120	\$5,926	\$65,420	\$5,451
6	\$65,160	\$5,430	\$81,480	\$6,790	\$74,940	\$6,245
7	\$73,460	\$6,121	\$91,840	\$7,653	\$84,460	\$7,038
8	\$81,780	\$6,815	\$102,240	\$8,520	\$94,020	\$7,835
Each Add'l Person	\$4,160		\$4,780		\$4,780	

2. In determining eligibility, the following will be considered:
 - a. Funds from all sources, assets, and hearing loss
 - b. Net monthly or annual income from ALL in the household who have income
 - i. Possible sources of income include: social security and SSI, VA pensions, child support, public assistance, welfare, alimony, AFDC, disability, work pension, wages, old age pension, black lung payments, interest from stocks, IRA, 401Ks
 - c. Assets that include but not limited to:
 - i. Checking, money market accounts, annuities, IRA/401K, reverse mortgage, savings, CDs, home equity loans, stocks/bonds, burial accounts, property

The West Virginia Lions Sight Conservation Foundation has the right to change eligibility requirements without prior written notice.