



GALLATIN EMPIRE LIONS FOUNDATION, Inc.  
PO BOX 504 • BOZEMAN MT 59771

APPLICATION FOR FINANCIAL ASSISTANCE

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: home \_\_\_\_\_ work \_\_\_\_\_ other \_\_\_\_\_

How long have you lived in the area \_\_\_\_\_ Number in household \_\_\_\_\_

Ages of those in household \_\_\_\_\_

Applicant's age \_\_\_\_\_ sex \_\_\_\_\_

Applicant's Employer \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

If applicant is a minor, Parent's or Guardian's employers:

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

Please explain what the financial assistance is needed for (give names and phone numbers of Doctors or Clinics). Use additional paper if needed.

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

What other organizations have you requested help from and how much has been received?

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

Please estimate total cost..... \_\_\_\_\_

How much can you pay?..... \_\_\_\_\_

How much will your insurance pay?..... \_\_\_\_\_

Total amount requested from the Foundation..... \_\_\_\_\_

Agency or person who gave you this application. Be Specific..... \_\_\_\_\_

\_\_\_\_\_

PLEASE ENCLOSE LATEST FEDERAL INCOME TAX FORMS  
AND

This section must be completed.

If applicant is a minor, parent or guardian is asked to complete this section.

MONTHLY INCOME

Total household wages..... \$ \_\_\_\_\_  
Public assistance (food stamps; welfare; ADC; SSI, etc)..... \$ \_\_\_\_\_  
Social Security..... \$ \_\_\_\_\_  
Pensions, profit sharing..... \$ \_\_\_\_\_  
Workmen's comp. and unemployment..... \$ \_\_\_\_\_  
Rents and royalties..... \$ \_\_\_\_\_  
Other income (please specify)..... \$ \_\_\_\_\_

ASSETS

Real Estate (estimated value)..... \$ \_\_\_\_\_  
Personal Property (estimated value)..... \$ \_\_\_\_\_  
Cash, checking, & savings accounts (total)..... \$ \_\_\_\_\_  
Value of stocks, bonds & other investments..... \$ \_\_\_\_\_  
Value of any other assets..... \$ \_\_\_\_\_

MONTHLY EXPENSES

Rent or mortgage payments..... \$ \_\_\_\_\_  
Utilities..... \$ \_\_\_\_\_  
Groceries and household supplies..... \$ \_\_\_\_\_  
Insurance costs (auto, home, health, life)..... \$ \_\_\_\_\_  
Medical bills..... \$ \_\_\_\_\_  
Loan payments (including credit cards)..... \$ \_\_\_\_\_  
Other monthly payments..... \$ \_\_\_\_\_

I hereby certify that all information stated on this application is true to the best of my knowledge. I also grant permission to the GALLATIN EMPIRE LIONS FOUNDATION TO INVESTIGATE the accuracy of this report. (This information will remain confidential) The Gallatin Empire Lions Foundation reserves the right, and applicant grants the Gallatin Empire Foundation access to, any such follow-up information as may be necessary to ensure compliance with Gallatin Empire Lions Foundation policies, as well as adherence to the terms of the applicant's request. This application constitutes, to any such individuals who may be involved with the applicants request, a release and a grant of authority to disclose such information as may be necessary to obtain information consistent with this reservation and grant.

Signature (Applicant, parent, or guardian) X \_\_\_\_\_ Date \_\_\_\_\_

For Foundation Use Only: Date Rec'd \_\_\_\_\_ Assigned to: \_\_\_\_\_

Approved/Disapproved Date \_\_\_\_\_ Amount \_\_\_\_\_

Case Number \_\_\_\_\_ Misc. \_\_\_\_\_