



# Florida Lions Community Hearing Bank, INC.

## District 35N 501C-3 Non Profit Service Organization

### Application for Hearing Aid Assistance

Applicant Name: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Cell / Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residence: Own \_\_\_\_\_ Rent \_\_\_\_\_ Lives with Family member: \_\_\_\_\_ Monthly

Payment \$ \_\_\_\_\_

Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Retired \_\_\_\_\_ Employer Name: \_\_\_\_\_

Emergency Contact / Parent Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

\*\*\*PLEASE INCLUDE A COPY OF MOST RECENT HEARING TEST\*\*\*

How long has applicant had a hearing issue? \_\_\_\_\_

Has applicant used a hearing device previously? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage Name: \_\_\_\_\_

Have you applied for Medicare, Medicaid, Div of Vocational Rehab or VA benefits and are awaiting a determination? Yes \_\_\_\_\_ No \_\_\_\_\_ When did you apply? \_\_\_\_\_

#### Financial Information

Total Monthly Gross Income: \$ \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_

Sources of Income: Pension \$ \_\_\_\_\_ Disability: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_

Alimony/Child Support: \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_

#### Monthly Expenses:

Mortgage/Rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_

Car Payment: \$ \_\_\_\_\_ Insurance: \$ \_\_\_\_\_ Food/Other: \$ \_\_\_\_\_

\*\*\*Please attach copy of the last Tax Return (Black out SS#) or Proof of Income/Expenses\*\*\*

I hereby acknowledge that all information provided in this application is true and no information is intentionally deleted/omitted under the laws of the State of Florida.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## **Florida Lions Community Hearing Bank, Inc.**

**District 35N 501C-3 Non Profit Service Organization**

**Application for Hearing Aid Assistance District 35N**



REFERRING LIONS CLUB: \_\_\_\_\_  
NAME OF PRESIDENT: \_\_\_\_\_

**PLEASE MAIL APPLICATIONS TO:  
FLCHB Case Coordinator**

**LION BETTY BARRERA, PDG  
1833 NW 168 AVE, PEMBROKE PINES, FL 33028**

**E-MAIL: [bettyalidab@hotmail.com](mailto:bettyalidab@hotmail.com)**

Note: Applications accompanied by Hearing Test/s (if available),  
Proof of Income/Expenses, and a signed copy of application form  
by a Lions Club would expedite review of your case.