



# Kaufman Lions Club Eyeglass Assistance Application Information



Applicant's Name: \_\_\_\_\_ Name of Parent (if applicant is a child): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

State the reason why you cannot afford an eye exam or eyeglasses?  
\_\_\_\_\_

Are you able to pay for part of this expense? Please circle Yes / No If yes, how much? \_\_\_\_\_

Date of Last Eye Exam: \_\_\_ / \_\_\_ / \_\_\_ Eye Doctor: \_\_\_\_\_

### Applicant Must Read and Agree to the following Statement:

*I understand that the Kaufman Lions Club sight assistance program is not connected with any Federal or State public assistance program, nor is this assistance program connected with Lions International. I also understand that the Kaufman Lions Club has a limited budget for the purpose of funding this program and I agree to hold the Kaufman Lions Club harmless if my application cannot be approved or funded. If my application is approved, I understand that the amount of assistance provided will be limited to the amount agreed on by the Kaufman Lions Club. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services rendered or the approval / denial application process.*

**I am aware of the penalties of perjury under Federal Law, which includes the execution of a false affidavit, pursuant to 18 U.S.C.S., Section 1621 wherein it is provided that anyone found guilty shall be fined or imprisoned not more than 5 years, or both. I am also aware that perjury in the execution of a false affidavit is a criminal act pursuant to Section 37.02 of the Texas Penal Code.**

Signature of Applicant (or parent if applicant is a child) \_\_\_\_\_ Date \_\_\_\_\_

Provide a signature below of a Kaufman Lions Club Member, having first-hand knowledge of the financial need indicating their approval that this request for financial assistance should be granted.

\_\_\_\_\_  
Name Phone (or email)  
\_\_\_\_\_  
Signature Date

Return Completed form to: Larry Eggett at transtexasinc@icloud.com

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### LIONS CLUB USE ONLY

Date received: \_\_\_\_\_

Approved / Denied by: \_\_\_\_\_ Date approved / denied: \_\_\_\_\_

Notes / reasons for approval / deny  
\_\_\_\_\_  
\_\_\_\_\_