NORTH CAROLINA LIONS FOUNDATION MATCHING FUNDS REQUEST

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PAGE 2 MUST BE COMPLETED IF REQUEST IS \$500 OR MORE (\$250 CLUB/\$250 NCLF) FAMILY INFORMATION (IF APPLICANT IS A MINOR SHOW INFORMATION FOR PARENTS OR LEGAL GUARDIAN) CLIENTS EMPLOYER POSITION SPOUSE EMPLOYER___ POSITION **INCOME** CLIENTS GROSS MONTHLY INCOME SPOUSES GROSS MONTHLY INCOME WELFARE ASSISTANCE OTHER SOURCE OF MONTHLY INCOME TOTAL MONTHLY INCOME **EXPENSES BALANCE** MONTHLY PAYMENT HOUSE PAYMENT OR RENT **CAR PAYMENT UTILITIES OTHER ASSETS VALUE HOUSE** OTHER REAL ESTATE **CARS** SAVINGS ACCOUNTS OTHER INVESTMENTS **OTHER TOTAL** LIMITS ON MATCHING FUNDS: MAXIMUM REQUEST: MEDICALLY RELATED SERVICES \$2,500 (\$1,250 CLUB/\$1,250 NCLF) OTHER GOODS OR SERVICES \$1,500 (\$750 CLUB/\$750 NCLF) HEARING RELATED TREATMENTS \$ 600 (\$400 CLUB/\$200 NCLF \$ 200 (\$100 CLUB/\$100 NCLF) EYE EXAM AND GLASSES PROSTHETIC EYE \$1,200 (\$600 CLUB/\$600 NCLF) MINIMUM REQUEST\$ 50 (\$25 CLUB/\$25 NCLF) G FOUNDATION USE ONLY APPROVED BY DATE

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