

Complete Application and Return to:

Missoula Downtown Lions Club
Suzan Olinger
2436 Wylie Ave
Missoula Mt 59802
728-2331 (lv a message)

Adult Application for Assistance

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Number in Family _____

Employment _____ Monthly Income _____

Year and Make of Vehicle _____ Own or Rent your home? _____

Length of time at above address _____

Previous address if less than 6 months _____

Do you receive Medicare? Y N Do you receive Medicaid? Y N

Please list below your monthly expenses and provide any further information that you feel is necessary to process your request.

Signature of Applicant _____ Date _____

Referred by: Agency Name _____

Name _____ Title _____

Address _____

Phone _____ Date _____

*****Buy your Christmas tree from the Lions Club*****