

**\*Please include ONE of the following forms of income verification:**

- 1) A letter or receipt from your child's school stating that your child is on free/reduced lunch
- 2) A copy of a recent pay stub
- 3) A copy of your most recently filed W-2

**\*Please fill out the information below:**

Number of Dependents \_\_\_\_\_

<u>Monthly Income of TOTAL Household</u>			
Take Home Pay	\$ _____	Welfare Aid	\$ _____
Additional Income	\$ _____	Retirement Income	\$ _____
Social Security	\$ _____	Other	\$ _____
Veteran's Benefits	\$ _____		
Total Monthly Income \$ _____			
PLEASE ATTACH PROOF OF INCOME			

<u>Monthly Expenses of TOTAL Household</u>			
Rent/Mortgage	\$ _____	Transportation:	
Food	\$ _____	Auto Payment	\$ _____
Utilities	\$ _____	Gas	\$ _____
Telephone	\$ _____	Other	\$ _____
Insurance	\$ _____	Other Expenses	\$ _____
Medical Expenses	\$ _____		
Total Monthly Expenses \$ _____			

Have you contacted any other organization for assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Specify \_\_\_\_\_  
\_\_\_\_\_

Please return to:  
Prevent Blindness Tennessee  
95 White Bridge Rd.  
Nashville, TN 37205  
Or by fax: (615) 352-5750

