



LIONS FOUNDATION
of Manitoba & Northwestern Ontario

Must Complete:

Reasons for requesting assistance: _____

Have you requested assistance from another organization? Yes / No

Have there been/will there be events to raise funds for you? Yes / No

Employed: Yes / No Insurance Coverage: Yes / No

Monthly Expenses:

Food \$ _____
Rent/Mortgage \$ _____
Utilities \$ _____
Vehicle \$ _____
Other \$ _____

Total Expenses \$ _____

Family Assets (RRSPs, Mutual Funds, Stocks, Bonds, GICs, etc.): _____

of minors in the family _____

Ages _____

of dependents (other than children) _____

Other important information: _____

Monthly Income:

Take home pay \$ _____
Family Allowance \$ _____
Workers Compensation \$ _____
Employment Insurance \$ _____
Other Income \$ _____

Total Income \$ _____

I verify that the information provided is complete and correct to the best of my knowledge.

Signature _____

Date: _____

Revised June 2026