

# SIGHT FOR LIFE

## APPLICATION FORM

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Employment History (last 10 years) \_\_\_\_\_

Current Employer \_\_\_\_\_ Number of Years \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse Birth Date \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Number of Years \_\_\_\_\_

Hourly wage/monthly income \_\_\_\_\_ Spouse's income \_\_\_\_\_

Additional sources of income/month \_\_\_\_\_

-i.e. alimony, palimony, disability, Social Security, etc.

**Please submit a copy of your latest tax return with this application.**

Name and Age of Dependents \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Do you RENT \_\_\_\_\_ or OWN \_\_\_\_\_ your home?

Your monthly rent/mortgage \_\_\_\_\_

Other assets, e.g., car, stocks, bonds (include current value):

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_



**SIGHT FOR LIFE**  
**APPLICATION FORM**

What would you do if your vision was restored?

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Please list all programs and services you have already applied for:

Program/service	Date applied	Benefit received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you were denied by any of these programs, please list the reasons why

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I attest that all of the above information is true and accurate. I understand that if any of this information is falsified, services will be terminated by the Foundation, and I will be liable for any costs incurred or previous services rendered by *Sight for Life*.

Furthermore, if selected for treatment by Sight For Life, I agree to allow a summary of my eye history, care received through the Foundation and the outcomes of my treatment to be shared with potential donors. This information may include testimonials and/or photos that may appear in, but is not limited to, our website, brochures, fundraising events and other communication materials.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to:  
*Sight for Life*  
10624 S. Eastern Avenue  
Suite A, #623  
Henderson, NV 89052  
Or by fax to 702-492-6978