

# Nebraska Commission for the Deaf and Hard of Hearing Sertoma Hearing Aid Bank Application

## I. PERSONAL INFORMATION

Last Name	First Name	Middle Name	Male/Female
Street Address			Apt. Number
City	State	Zip Code	
-	-	( )	
Social Security Number	Birth Date	Telephone Number	

## II. INCOME INFORMATION

A. Monthly Income (Wages, Social Security, Benefits, Interest):  
\$ \_\_\_\_\_ per month

B. Current amount in savings: \$ \_\_\_\_\_

C. Any Other Holdings:  
Certificate of Deposit \$ \_\_\_\_\_  
Stocks/Bonds/Other \$ \_\_\_\_\_

D. Please check if you receive income from any of these sources:

\_\_\_\_\_ Full or Part-Time employment  
\_\_\_\_\_ Social Security (SSI, SSDI)  
\_\_\_\_\_ Welfare Benefits (ADS, Unemployment)  
\_\_\_\_\_ Alimony, Child Support  
\_\_\_\_\_ Other \_\_\_\_\_

## III. FAMILY INFORMATION

\_\_\_\_\_ Live Alone  
\_\_\_\_\_ Live with Family Member  
\_\_\_\_\_ Live in a Nursing Home  
\_\_\_\_\_ Live with Husband/Wife-Spouse's Monthly Income \$ \_\_\_\_\_  
\_\_\_\_\_ Number of Dependents – Please list ages: \_\_\_\_\_

### Please return this form to:

Donita Mains  
Nebraska Commission for the Deaf and Hard of Hearing  
200 South Silber Room 207  
North Platte, NE 69101-4298  
(308) 535-6600 or toll free at 1-888-713-3118

**BE SURE TO COMPLETE THE BACK OF THIS FORM -- THANK YOU**

**IV. EXPENSE INFORMATION**

\$ \_\_\_\_\_ Rent/House Payment per month  
\$ \_\_\_\_\_ Utilities per month  
\$ \_\_\_\_\_ Transportations per month  
\$ \_\_\_\_\_ **Medical Expenses** - *Please Explain:*

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V. Please feel free to list any other information you feel would be helpful to understand your financial situation and to make a better decision about your eligibility.

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VI. Have you applied for any financial assistance from any other agencies or services providers? If so, please list names and outcome.

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