

Date Acted on by LIONS Hearing Committee _____

IV. EXPENSE INFORMATION (MONTHLY):

\$	Rent/House Payment
\$	Utilities
\$	Child Care
\$	Transportation
\$	Medical

V. OTHER INFORMATION

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

I certify that the above information is accurate:

Signature

Date

Please Return this Application to:

Nebraska Commission for the Deaf and Hard of Hearing
1313 Farnam-on-the-Mall 3FL
Omaha, NE 68102-1836
Phone: (402) 595-3991 or (800) 877-248-7836

On-line Application:

http://www.ncdhh.ne.gov/applications/lhab_adult_app.pdf