



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. # Mailing Address

City State Zip Code County

Social Security Number Birth Date Telephone Number

E-Mail Address

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, Medicaid)

_____ Alimony, Child Support

_____ Veteran's Benefits

_____ 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: _____

IV. EXPENSE INFORMATION

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

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. Have you applied for any other financial assistance? If so, with who and what was the outcome?

Do you currently wear hearing aids? Yes No
Have you applied to Sertoma before? Yes No When? _____

I certify that the above information is accurate:

Signature

Date Application Signed

Please return this form including the Citizenship Attestation Form to:

Donita Mains, PhD, CSW
Nebraska Commission for the Deaf and Hard of Hearing
200 South Silber Room 207
North Platte, NE 69101-4298
Toll Free - 1-800-545-6244 v/tty
Fax – (402) 742-2357
E-Mail – ncdhh@nebraska.gov

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME

(first, middle, last)

SIGNATURE

DATE
