

Application for Aid and Assistance

from the

Case Number _____

Grand Lodge

Committee on Masonic Benevolence

71 West 23rd Street, New York, N.Y. 10010-4149

PLEASE PRINT OR TYPE

_____ Lodge No _____, Located at _____ being one of the Lodges comprising the _____ Masonic District, requests help, aid or assistance for the following named () Master Mason, () Wife, () Widow, or () Dependent Child:

Name (in full): _____ Age: _____ Date of Birth: ___/___/___

Present Residence Address _____
City/State/Zip Code _____

If living outside of New York State, how long has residence been in present state? _____ year(s) _____ month(s)

Masonic Record (of Brother upon which claim for relief is based)

Made a Master Mason in _____ Lodge No. _____ located at _____ on _____. If dimitted from above-named Lodge, give date; also the name and location of any other Lodge(s) with which affiliated and the date(s) thereof _____

How long has he held CONTINUOUS membership in Masonry? _____ years.

Has Lodge ever remitted or paid dues for this member? _____ yes _____ no.

If so, give amount and for what years _____

Give names of other Masonic Bodies to which he belongs _____

Are they contributing? _____ no. _____ yes; amount \$ _____

Give names of non-Masonic fraternal or benefit association to which applicant belongs _____

Are they contributing? _____ no. _____ yes; amount \$ _____

Has applicant ever before applied for Masonic help, aid or assistance? _____ yes _____ no.

If so, when and with what results? _____

Resolution to be Adopted by Lodge

“RESOLVED, that _____ Lodge No. _____ will help, aid and assist the above-named Brother to the total amount of \$ _____ and requests that the Committee on Masonic Benevolence contributes the sum of \$ _____ to be added thereto, the entire amount to be paid in monthly installments of \$ _____ each, over the period of _____ months: and be it further

“RESOLVED, that the Lodge will cooperate with and assist the Committee on Masonic Benevolence and its representatives in every way possible in the administration of such assistance.”

Sign & Date: Secretary _____ / ___ / ___ Master _____ / ___ / ___

Secretary's Address _____

City/State/Zip Code _____

Telephone No. () _____

(Lodge Seal)

Obligations

Do you own your own home? _____ If so, valuation \$ _____

Amount of outstanding principal on the mortgage, if any \$ _____

Monthly amount toward:

Property Taxes: \$ _____. If in arrears, \$ _____, since ____/____/____

Personal Taxes: \$ _____. If in arrears, \$ _____, since ____/____/____

Rent or mortgage: \$ _____. If in arrears, \$ _____, since ____/____/____

Installment loan: \$ _____. If in arrears, \$ _____, since ____/____/____

Telephone: \$ _____. If in arrears, \$ _____, since ____/____/____

Gas/Electricity: \$ _____. If in arrears, \$ _____, since ____/____/____

Heating fuel: \$ _____. If in arrears, \$ _____, since ____/____/____

Other expenses:

Weekly food \$ _____.

(Describe others) _____ \$ _____

Medical bills \$ _____ Hospital bills \$ _____

If applicant pays room and board, how much? \$ _____ (Weekly) (Monthly)

If in a nursing or convalescent home, average cost? \$ _____ (Weekly) (Monthly)

If medical care or outside nursing care is being provided, describe _____

_____ Average expense \$ _____ (Weekly) (Monthly)

Other expenses (identify) _____ \$ _____

_____ \$ _____

Resources

Do you own real estate other than your home? _____ If so, give complete information concerning

Value \$ _____ Monthly rental income \$ _____.

Do you have a bank account? Balance in Checking Account \$ _____;

Savings Account \$ _____.

Cash on hand \$ _____

Do you have stocks or bonds? _____ Type and present market value _____ \$ _____

Do you have government bonds? _____ Type and maturity value _____ \$ _____

Do you own a car? _____ Make _____ Year _____ Market Value \$ _____

If applicant has other investments or resources, describe them fully _____

Have you any life insurance? _____ Type and amount \$ _____

What company? _____

Who pays premiums? _____

Name of beneficiary _____

Is there a loan against policy? _____ If so, amount \$ _____

Have you made a will, or have you transferred any of your property, either real or personal, within the past two years? _____ To whom? _____

Do you receive Public Assistance? _____ Amount \$ _____; Medicare? _____ Amount \$ _____;

Aid to Dependent Children? _____ Amount \$ _____; Medicaid? _____ Amount \$ _____;

If not, have you applied for such benefits? _____ Why not? _____

Do you receive Social Security? _____ Amount \$ _____; Employer Benefits? _____ Amount \$ _____;

Veteran's or Widow's pensions? _____ Amount \$ _____; Benefits from Unions? _____ Amount \$ _____;

Trade Organizations? _____ Amount \$ _____.

TOTAL AMOUNT of monthly income now being received,

including public and private aid. (Include all resources) \$ _____

Financial Requirements

What amount, in your opinion will be required monthly from _____ Lodge _____
Name Number

and the Committee on Masonic Benevolence? \$ _____

How much in cash funds has your Lodge contributed to you during the last year? \$ _____

Have you made application for admission to the Masonic Home at Utica? _____

Any other home? _____ Date ___/___/___ () Accepted () Rejected () Pending

Do you intend to make such application? _____ If home other than Masonic Home at Utica, please specify _____

Family Information

Are you Married? _____ () widow, () widower, () divorced, () separated. Is your spouse living? _____
If so, give full name (and address if other than that on first page) _____

With whom do you reside, if not spouse? Name _____
Address (if other than that on page one) _____ Relationship _____

Physical condition of spouse _____

Does ^{he} contribute to your support? _____ If no, give reason _____
_{she}

If widow, times married: _____ If applicable, was last husband a Master Mason? _____ Is wife (),
widow (), or daughter () a member of the Order of the Eastern Star? _____ Name and location of Chapter
_____ Name and location of any other woman's
organization _____

Number of living children _____

Name	Age	Residence	Amount of Aid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Near relatives (Brothers, Sisters, Mother, Father)

Name	Age	Relationship	Residence	Amount of Aid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Physical Condition

General Health? () Excellent, () Good, () Fair, () Poor

If ill or bedridden, give cause of condition _____

Doctor's name and address _____

If applicable, hospital name and address _____

Is illness or condition temporary or permanent? _____

