



GRAND CHAPTER OF TEXAS

Order of the Eastern Star

ORGANIZED May 5, 1884

APPLICATION LONG TERM AID ASSISTANCE FROM THE GRAND CHAPTER OF TEXAS, O.E.S.

PLEASE PRINT OR TYPE

Attach extra pages for any answers needing additional information or explanation

_____ Chapter No. _____, Located in _____, Texas,
requests assistance for the following Member

Name (in full) _____

Present Address _____

City/State/Zip Code _____

Phone No. _____ Cell No. _____

Email Address _____

Membership Record

Initiated in _____ Chapter No. _____ located in _____, Texas

How long have they held CONTINUOUS membership in Eastern Star? _____ years.

If a break in years, explain suspension, reinstatement or demit: (Please provide dates of the break in Membership)

Is this member currently an officer? _____ Which office? _____

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

If so, give amount and for what years _____

If long term aid is granted, the Chapter MUST remit dues of the member.

Dual chapter (if one) _____ No. _____ Date affiliated _____

Are they contributing? No Yes Amount \$ _____

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Is this member currently an officer in the dual Chapter? _____ Which office? _____

Has applicant previously applied for benevolent aid? Yes No

If so, when and with what results? _____

MASONIC MEMBERSHIP

If the Member applying is a Master Mason, give name and location of Lodges and attach copy of current dues card

Describe the assistance given by the Lodge or Grand Lodge _____

If member has not received or **applied** for benefits, explain why _____

PLEASE PRINT OR TYPE

Attach extra pages for any answers needing additional information or explanation

OBLIGATIONS

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

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

Years Remaining _____

Do you own a vehicle/vehicles _____ Make & Model _____

Year _____

Monthly Payment \$ _____ If paid for, what is value? \$ _____

If not, Loan Balance \$ _____ Arrears? _____ Mileage? _____

Expenses of

Property Taxes \$ _____ Yearly/Monthly. If in arrears, \$ _____, since / / _____

IRS Taxes \$ _____ If in arrears, \$ _____, since / / _____ (attach copy of last tax form)

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

Installment loan \$ _____ If in arrears, \$ _____, since / / _____ (specify loan type)

Telephone & cell \$ _____ If in arrears, \$ _____, since / / _____

Gas/Electricity \$ _____ If in arrears, \$ _____, since / / _____
(attach copy of last bills)

Auto Gasoline \$ _____ per month

Auto Insurance \$ _____ per month

Medical Insurance \$ _____ per month

Life Insurance \$ _____ per month

Weekly food \$ _____

Other expenses

(Describe others) _____ \$ _____
_____ \$ _____
_____ \$ _____

Medicine (please attach a page listing name along with the cost).

Medical bills \$ _____ Hospital bills \$ _____

What relief or arrangements have you made or attempted to make to take care of any medical obligations?

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)

What relief or arrangements have you made or attempted to make to take care of these

Other expenses (identify) _____ \$ _____
_____ \$ _____
_____ \$ _____

Credit Cards (specify type - Visa/MasterCard, Gasoline etc.)

Type _____ Balance \$ _____ amount paid monthly \$ _____

Type _____ Balance \$ _____ amount paid monthly \$ _____

Type _____ Balance \$ _____ amount paid monthly \$ _____

Type _____ Balance \$ _____ amount paid monthly \$ _____

TOTAL MONTHLY EXPENSE \$ _____

PLEASE PRINT OR TYPE

Attach extra pages for any answers needing additional information or explanation

RESOURCES

Do you own real estate other than your home? _____ If so, itemize (add additional page if needed) _____

Value \$ _____ Income on above listed property \$ _____

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Do you have a bank account? Yes No

Balance in Checking Account \$ _____

Savings/Money Market Accounts \$ _____

Cash on hand \$ _____

Do you have stocks or bonds? Yes No

Type _____

Present Market Value \$ _____

Value \$ _____

Do you have Annuities? Yes No

Monthly Income \$ _____

Type _____

Do you have government bonds? Yes No

Maturity Value \$ _____

Value \$ _____

Do you have a 401K account? Yes No

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

(attach additional page if needed)

Do you have any life insurance? Yes No

Type _____ Amount \$ _____

Which company? _____

Who pays premiums? _____

Name of beneficiary _____

Is there a loan against policy? Yes No If so, amount \$ _____

Do you have any medical insurance? Yes No Type _____ Amount \$ _____

Which company? _____

Who pays premiums? _____

Does this insurance reimburse any of the medical expenses listed in expenses. If so, explain

(attach additional page if needed)

Have you transferred any of your property, either real or personal, within the past three years? Yes No.

If "Yes" - To whom? _____ Explain _____

(attach additional page if needed)

Do you receive Public Assistance? Yes No Amount \$ _____

Medicare? Yes No Amount \$ _____

Aid to Dependent Children? Yes No Amount \$ _____

Medicaid? Yes No Amount \$ _____

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If not, have you applied for such benefits? Yes No. Why not? _____

If denied explain _____

(attach additional page if needed)

Do you receive Food Stamps? Amount \$ _____ (Monthly)

Do you receive Social Security? Amount \$ _____

Do you receive a retirement or disability pension? Yes No Amount \$ _____

Are you currently applying for disability? Yes No

Have you been denied Disability by the Government? Yes No If yes explain _____

Employer Benefits? Yes No Amount \$ _____

Veteran's or Widow's pensions? Yes No Amount \$ _____

Benefits from Unions? Yes No Amount \$ _____

Trade Organizations? Yes No Amount \$ _____

If you were eligible and did not apply for any of the above, explain _____

PLEASE PRINT OR TYPE

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EMPLOYABILITY

Are you working? Yes No If so, salary received \$ _____ () Weekly () Monthly

Type of work _____

If unemployed, your previous occupation _____

Why unemployed? _____

How long have you been unemployed? _____

Unemployment benefits currently receiving \$ _____ Weekly Monthly

Do you expect re-employment? Yes No How soon? _____

TOTAL AMOUNT OF MONTHLY INCOME now being received, including public and private aid. **(Include all resources)**

\$ _____

TOTAL MONTHLY EXPENSES

\$ _____

NET MONTHLY INCOME/LOSS

\$ _____

FAMILY INFORMATION

Are you married? widow, widower, divorced, separated.

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Is your spouse living? yes no

If so, give full name and address (if other than that on first page) _____

Is the spouse a member of the Order of the Eastern Star? _____

With whom do you reside, if not spouse? Name _____

Address (if other than that on page one) _____

Relationship _____

Physical condition of spouse _____

Does spouse contribute to your support? If no, give reason _____

Is your spouse receiving a salary, pension or other income? _____

Explain their contribution to your support. Do they contribute to your support? Yes No

If no, give reason _____

Name and location of any other fraternal memberships _____

Has assistance been sought from them? Yes No Explain: _____

Number of living children _____

List Name, Age, Residence & Amount of Aid they contribute

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Near relatives (circle those close by) Brothers Sisters Mother Father

Name, Age, Relationship Residence & Amount of Aid they contribute

_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

If family members are not assisting, explain why _____

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PHYSICAL CONDITION OF APPLICANT:

General Health Excellent, Good, Fair, Poor

Explain: _____

If ill or bedridden, give cause of condition _____

If considered disabled, give disability _____

Attach **doctor's** letter concerning your physical condition.

Attach letter from **social security** as to your award if any and/or most recent denial.

Is illness or condition temporary or permanent? _____

CERTIFICATION BY MEMBER APPLYING FOR AID:

I certify that the foregoing answers are **true** to the best of my knowledge.

_____/_____/_____
Signature of Applicant & Date

Remarks by Member

(attach additional page if needed)

FINANCIAL REQUIREMENTS

What amount, in your opinion will be required monthly from Grand Chapter to assist this member?
\$ _____

How much has your Chapter contributed to this member in need? \$ _____

Has your Chapter made other charitable contributions? Yes No

Explain: _____

This chapter owns: Cash \$ _____ Real Estate valued at \$ _____ Notes/Bonds/CD's \$ _____

Other Property \$ _____ Explain _____

How many members on chapter roll at the present time? _____

Do you have any information that would be helpful to the Board of Directors in reviewing this application

(attach additional page if needed)

RESOLUTION TO BE ADOPTED BY CHAPTER

**“BE IT RESOLVED, that _____ No. _____ voted to adopt this resolution on _____ and therefore requests that the Board of Directors consider Long Term Benevolent Aid for _____
(Member’s Name)**

in the sum of \$ _____ per month and pledges the information provided is accurate and further pledges to assist the Board of Directors in the administration of such aid.”

Secretary _____ /_____/_____
(Signature) (Date)

Print Name _____

Secretary’s Address _____

City/State/Zip Code _____

Chapter Seal

Phone _____

Email Address _____

Worthy Matron _____ /_____/_____
(Signature) (Date)

Print Name _____

Address _____

City/State/Zip Code _____

Phone _____ Email Address _____

Worthy Patron _____/____/____
_____(Signature) (Date)

Print Name_____

Address_____

City/State/Zip Code_____

Phone_____ Email Address_____

(In signing this application for Long Term Aid Assistance, you are certifying that an investigation by the Chapter has taken place, the Chapter Voted for submitting the application and the information is correct based on the information collected. IF GRANTED, ALL CHECKS WILL BE MAILED TO THE CHAPTER AND THE CHAPTER WILL ISSUE THE CHECK TO THE APPLICANT.

Send the completed form to:

BEVERLY PLANTE
BOARD OF DIRECTORS, DISTRICT 3
Box 1064, Weatherford, TX 76086
beverly.plante@yahoo.com
817-896-8278 (mobile)