



GRAND CHAPTER OF TEXAS

Order of the Eastern Star

ORGANIZED May 5, 1884

Application for Temporary Aid Assistance from the Benevolent Aid Fund Grand Chapter of Texas, Order of the Eastern Star

Return all applications to the Benevolent Aid Chairman, Board of Directors

Temporary Aid

Please complete the following request for assistance. Funds granted will be based on need and availability of funds. All questions must be answered with a yes, no, or N/A (non-applicable) answer followed by complete explanations.

Request for Assistance

Section 1

Name of person requesting the assistance _____

Worthy Matron/Secretary

Chapter Name _____ Chapter No. _____

Address _____

Phone No. _____ Cell No. _____

Email Address _____

Recipient of Funds

Section 2

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Cell No. _____

Chapter Name _____ Chapter No. _____

Plural Chapter _____ Chapter No. _____

Plural Chapter _____ Chapter No. _____

Date Joined Eastern Star _____ Is Membership Continuous _____

If not, explain _____

Current Dues Paid by _____

Section 3

_____ Three (3) Months Temporary

\$ _____ Amount Requested (Not to exceed \$500.00 per month)

Reason for assistance (Please be specific in your reason) _____

What other sources have been sought for aid _____

What has the member's chapter (Parent and/or Plural) done to assist the member?

Does the member's Chapter have funds that could be used to assist this member? Yes No. If no, please explain _____

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

Describe the assistance given by the Lodge or Grand Lodge _____

Have you ever **applied for** Financial assistance? _____ If so, where? _____

Have you been denied assistance? _____, If yes, explain why _____

Section 4

1. Have you (including spouse or other family members) previously petitioned Grand Chapter for assistance? Yes No.
If yes, please provide details to include when, reason, amount and outcome: _____

2. Have you (including spouse or other family members) previously petitioned your Chapter or any other Chapter for assistance? Yes No.
If yes, please provide details to include when, reason, _____

3. Does the member's family have funds that could be used to assist this member? Yes No
If no, please explain _____
4. Have you (or your immediate family members) applied for Local, State or Federal aid?
 Yes No
5. Please list assistance that you (including spouse or other family members) have received within the past 12 months or projected to receive within the next 3 months from any Local, State or Federal program?
- Type _____ Amount \$ _____
Type _____ Amount \$ _____
- Are you still receiving this assistance? Yes No
- If no Local, State or Federal aid is being received, is an application pending or been denied? Explain:

6. Please list all Monthly Income (including spouse or other family members). If there are minor children, list any type of benefits they may receive. (attach additional page if needed)
- | Source | Amount |
|--------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
- If salary is listed, are you working? _____ Type of work _____
- Are you currently applying for disability? _____
- Have you been denied Disability by the Government? _____

Explain _____

If unemployed, previous employment _____

Why are you unemployed? I _____

7. List all Savings Accounts, 401K accounts, Bonds, Stocks or other resources:

8. List type of insurance policies:

_____ (Health) _____ (Other)

_____ (Life)

Do the policies have a loan value that could be used to assist member? _____

9. List value of all Property Holdings including Home

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY INCOME:

\$ _____

10. List monthly expenses

Rent or house payment (Do you Own Rent) \$ _____

Nursing Home Monthly Payments \$ _____

(Has assistance been sought, attach extra page and explaining)

Electricity (attach copy of latest bill) \$ _____

Gas (heating) (attach copy of latest bill) \$ _____

Water (attach copy of latest bill) \$ _____

Telephone (attach copy of latest bill) \$ _____

Medicine (AFTER INSURANCE) \$ _____

(If any medical expenses are not covered by Insurance, Explain. Attach additional page if needed)

Medical Expense (Doctors, Hospital, etc.) (AFTER INSURANCE) \$ _____

What relief or arrangements have you made or attempted to make to take care of the medical obligations? (Attach extra page needed) _____

Vehicle Expense (List types of Expense) \$ _____

Vehicle Insurance \$ _____

Vehicle Payment(s) \$ _____

Groceries \$ _____

Other-Indicate type of expense \$ _____

\$ _____

Credit Cards, etc. (List Type of Cards) \$ _____

TOTAL EXPENSES \$ _____

Comments _____

(Attach additional page if needed)

CERTIFICATION BY MEMBER APPLYING FOR AID:

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

_____ Date _____

Signature of Applicant

For Board of Directors Use

Name of Petitioner for Benevolent Aid _____

Chapter _____

Received _____

Action Taken _____

Signed _____

Date _____

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