



APPLICATION FOR LONG TERM ASSISTANCE FROM THE BENEVOLENT AID FUND
RETURN ALL APPLICATIONS TO THE BENEVOLENT AID CHAIRMAN, BOARD OF DIRECTORS

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

SECTION 1: REQUEST FOR ASSISTANCE

Name of the person requesting assistance: _____

Worthy Matron/Secretary

Chapter Name: _____ Chapter No. _____

Address: _____

Home: _____ Mobile: _____

Email Address: _____

SECTION 2: RECIPIENT OF FUNDS

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Mobile: _____

Chapter Name: _____ Chapter No. _____

Plural Chapter Name: _____ Chapter No. _____

Plural Chapter Name: _____ Chapter No. _____

Date Joined Eastern Star: _____ Is Membership Continuous? Yes No

If not, explain: _____

Is the Applicant an Endowed Member? Yes No

If **No**, are they in good standing for the current year? Yes No

If **Yes**, did the Chapter, or a donor, pay their dues? Yes No

If long-term aid is granted, the Chapter MUST pay the member's dues to keep them in good standing.

Has your Chapter ever paid dues for this member? Yes No

If so, give the amount and for what years: _____

Is this member currently an officer in the Chapter(s) to which they belong? Yes No

If yes, list Chapter(s) and Office(s)? _____



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Has the applicant previously applied for benevolent aid? Yes No

If so, when and with what results? _____

SECTION 3: REQUESTED FUNDS

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, attach a copy of the current dues card, and give the name and location of their Lodge: _____

Describe the assistance given by the Lodge or Grand Lodge: _____

Have you ever applied for Financial assistance? Yes No

If so, where? _____

Have you been denied assistance? Yes No

SECTION 4: INCOME AND EXPENSES

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, amount, and outcome:



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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
 If Yes, please provide details to include when, reason, amount, and outcome: _____

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 \$ _____
 Type: _____ Amount \$ _____
- Are you still receiving this assistance? Yes No If Local, State, or Federal aid is not being received, is an application pending or been denied? Yes No
 Please 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? Yes No Type of work _____
7. Are you currently applying for disability? Yes No
8. Have you been denied Disability by the Government? Yes No Please explain: _____

9. If unemployed, previous employment: _____
 Why are you unemployed? _____
10. List all Savings Accounts, 401K accounts, Bonds, Stocks or other resources (Attach additional page, if needed) _____

11. List types of insurance policies:
- (Health) _____ (Life) _____
 (Other) _____ (Other) _____
- Do the policies have a loan value that could be used to assist the member? Yes No



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12. List the value of all Property Holdings, including Home:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
TOTAL MONTHLY INCOME: \$ _____

13. List Monthly Expenses:

House payment Rent Own \$ _____
If Owned, amount of outstanding principal on the loan/mortgage \$ _____
Years Remaining _____
Nursing Home Monthly Payments \$ _____
Has assistance been sought? Please explain. *(Attach extra page, if needed)*

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) \$ _____
Internet/Streaming Services \$ _____
Medicine (AFTER INSURANCE) \$ _____

If any medical expenses are not covered by Insurance? Please 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, if needed) _____

Do you own a vehicle/vehicles? Rent Own

Year/Make/Model(s) _____

If paid for, what is the value(s)? \$ _____

If not paid for, what are the vehicle's monthly payment(s)? \$ _____

What is the remaining balance? \$ _____

Vehicle Insurance \$ _____

Other Vehicle Expense _____ \$ _____



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Groceries \$ _____

Other: *(Indicate type of expense)* _____ \$ _____

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

BEVERLY PLANTE

BOARD OF DIRECTORS, DISTRICT 3

BOX 193, PEASTER, TX 76485

BEVERLY.PLANTE@YAHOO.COM ~ 817-896-8278 (MOBILE)

FOR BOARD OF DIRECTORS USE

Name of Petitioner for Benevolent Aid: _____

Chapter Name/Number: _____

Date Received: _____

Action Taken: _____

Date: _____ Signed: _____