



**Grand Chapter of Massachusetts  
Order of the Eastern Star**

**Eastern Star of MA Charitable Foundation, Inc.**  *Check One*

**Isadore Forbes Benevolent Fund**  *Check One*

Applicant name:		Date of Birth:	
Spouse name:		Date of Birth:	
Street Address:		Home Phone:	
City/State/Zip:		Cell Phone:	
Applicant:	Employed__ Retired __	Spouse:	Employed __ Retired __
Email address:		Marital Status:	

Of which Eastern Star Chapter(s) are you a member: \_\_\_\_\_

If the applicant, or spouse, is a member of a Masonic Lodge, where? \_\_\_\_\_

Do you:      Own       Rent       Board       Living with Relatives

If living with Relatives, please explain: \_\_\_\_\_

Names and date of births for other household members: \_\_\_\_\_

Have you applied for, or received assistance from, the Masonic Brotherhood Fund: \_\_\_\_\_

If yes, please explain and give dates: \_\_\_\_\_

Have you applied for, or received assistance from, the Eastern Star of Massachusetts Charitable Foundation, Inc. or the Isadore Forbes Benevolent Fund Board? \_\_\_\_\_

If yes, please explain and give dates: \_\_\_\_\_

Have you applied for other assistance (RAFT, LIHEAP, SNAP, Chapter Charitable Funds, and Good Heat Programs): If yes, please provide when you last applied and please provide the amount you received:

\_\_\_\_\_

**Please List all Monthly Income:**

<b>Sources*</b>	<b>Income*</b>
Wages:	
Spouse Wages:	
Pension:	
Annuities:	
Social Security:	
Unemployment:	
Family Contributions:	
Other: _____	
Other: _____	
Other: _____	
Other: _____	

**Please list all Monthly Expenses:**

<b>Sources*</b>	<b>Expenses*</b>
Rent/Mortgage:	
Home Insurance:	
Vehicle loan:	
Car Insurance:	
Phone:	
Oil/Gas:	
Water/ Sewer:	
Electric:	
Cable/Internet:	
Child Care:	
Health insurance:	
Spouses Health Insurance:	
Medical Bills:	<i>(Attach detailed description)</i>
Spouses Medical Bills:	<i>(Attach detailed description)</i>
Hospital Bills:	<i>(Attach detailed description)</i>
Spouses Hospital Bills:	<i>(Attach detailed description)</i>
Medications: Over the counter and prescribed	<i>(Attach detailed description)</i>
Spouses Medications: Over the counter and prescribed	<i>(Attach detailed description)</i>

<b>Credit Cards: Please include detailed copies of current credit card bills, only if medical or utility bills are paid with the credit card. Dates of services and payment records.</b>	
1.	2.
3.	4.
5.	6.
7.	8.

**Please list all Assets:**

Income:	<b>Assets: *</b>
Cash on hand:	
Retirement Balances:	
Savings Balances:	
Checking Balances:	
Other:	

**\* Please provide proof/copies of all assets and liabilities. Credit Card balances are only considered if payments for medical expenses and utility bills are applied to charges.**

**Please list additional Liabilities:**

9.	10.
11.	12.
13.	14.
15.	16.
17.	18.

**This application MUST include a personal letter from the applicant.**

By signing below, I hereby certify that the above information is true, complete, and accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The Applicant must have FIVE YEARS OF CONTINUOUS MEMBERSHIP (IN GOOD STANDING) in the Order of the Eastern Star in Massachusetts. Please provide a copy of your most current Dues Card.

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Isadore Forbes Benevolent Fund: (less than 3 months) May grant temporary or emergency financial assistance as demonstrated by need due to catastrophic or unforeseen events. An Applicant cannot reapply for assistance for at least five (5) years following an approved request.

Charitable Foundation: (more than 3 months) To provide, in whole or in part, for the independent living needs of the aged and/or infirmed financially needy members upon their application and demonstration of financial need. Applicants may not receive further assistance from the Foundation for six (6) months after the last payment from the Foundation.

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The application may be accompanied by a letter from the Chapter Representative.  
(Attach additional sheets as are necessary)