

GRAND CHAPTER OF MASSACHUSETTS
ORDER OF THE EASTERN STAR
ISADORE FORBES BENEVOLENT FUND BOARD

APPLICATION FOR TEMPORARY ASSISTANCE

Please, fully read the application before completing. Incomplete applications will be returned. Please use ballpoint pen when completing the application.

Chapter Name: _____ Location: _____ Date: _____

Applicant's Name: _____ Date of Birth: _____

Address: _____ Town/City: _____ State: _____ Zip: _____

Telephone/Cell Phone Number: _____, E-Mail Address: _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widowed/Widower: _____

If married, name of spouse: _____

Is applicant or spouse a member of a Masonic Lodge? _____ Where? _____

Own Home: _____ Rent: _____ Board: _____ Live with relatives: _____ If yes, explain: _____

Number in Family: _____ List age of each dependent: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name of Primary Doctor: _____ Telephone Number: _____

Address: _____

Medical or Hospital Insurance: _____ If yes, Name of Company: _____

If married, answers to the following questions should include spouse:

Currently employed: _____ Employer: _____ Retired since (year): _____

Financial Status: Indicate sources of monthly income and amount(s): (*include written proof of all income) (** include latest 2 statements or last 2 pages of pass book)

Employment: \$ _____ * Pension: \$ _____ * Annuities: \$ _____ * Social Security: \$ _____ *

401K: \$ _____ * (*if direct deposit, last 2 bank statements must accompany the Application)

Unemployment Compensation: \$ _____ * Savings Account(s): \$ _____ ** Checking Account(s): \$ _____ **

Family Contributions: \$ _____ * Other: \$ _____ * (please explain) _____

If your answer is yes to any or all of the following questions, please explain on the reverse side of this page.

Has Applicant ever applied to any other O.E.S. fund for assistance? Yes _____ No _____

Has Applicant received assistance from this Board or the Charitable Foundation Board in the past? Yes _____ No _____

Is Applicant eligible for assistance from any government agency or agencies? Yes _____ No _____

PLEASE LIST ALL MONTHLY EXPENSES
Include either originals or copies of all bills or statements

Monthly Rent or Mortgage payment: \$ _____

Utilities: Gas: \$ _____ Electric: \$ _____ Propane: \$ _____

Home Phone: \$ _____ Cell Phone: \$ _____

Medical Insurance: \$ _____ Life Insurance(s): \$ _____

Child Care: \$ _____ Doctor Bills (List all, if more than one): 1: _____

2: _____, 3: _____ If necessary, continue of reverse side.

Medication(s): \$ _____

Hospital Bills: (Total of all outstanding bills) \$ _____

Itemized Credit Card Receipts (include copies of credit card bills): \$ _____

Other Expenses: (please explain on the reverse side of this page, if needed): \$ _____

Signature of Applicant

To be completed by the Chapter Representative:

I have contacted the Applicant. My letter and the Applicant's letter are enclosed.

Chapter Representative's Signature: _____

Printed Name: _____

Date: _____ Tel. No.: _____ Address: _____

_____ Town/City: _____ State: _____ Zip: _____

To be completed by the Chapter Secretary certifying the Applicant's FIVE YEARS OF CONTINUOUS MEMBERSHIP (IN GOOD STANDING) in the Order of the Eastern Star in Massachusetts:

I certify that the Applicant was initiated on (date) _____ in _____ Chapter

No. _____ and that she/he is a member in good standing of _____ Chapter No. _____

Chapter Secretary's Signature: _____

Printed Name: _____

Date: _____ Tel. No.: _____ Address: _____

_____ Town/City/State: _____ Zip: _____

Note: Application MUST be accompanied by a letter from the Applicant and the Chapter Representative (if not