APPLICATION FOR MONTHLY ASSISTANCE FROM FRATERNAL FUND

Grand Chapter of Pennsylvania, Order of the Eastern Star, Inc.

Date:		Are you a widow of a Master Mason?Yes No				
Name						
Telephone		Email Address:				
Member of		Chapter No		Region		
Length of membership_	Years If dual/	plural member, list Chapte	er name a	nd #		
List ALL persons residing	g in household (including	g applicant):				
Name/Relationship to A	pplicant	Age Occupation a	nd month	nly income OF	ALL IN HOL	<u>JSEHOLD</u>
<u>Applicant</u>						
Resident #1						
Resident #3						
		nty or state aid:Yes	No	When		
Are you receiving assista	nce from the Masons (<i>e.</i>	.g., local Lodge or Masonic	: Outreach	Program)? _	Yes	No
TO THE APPLICANT: Give	e a brief statement as to	why you need monthly as	sistance.	Use a separate	e sheet, if no	ecessary.
Fund and affirm that I have expenses in stating my nee for immediate termination that I will do all in my powe	e given all true facts concer ed for aid. I fully understand of such aid. I also fully und	Chapter of Pennsylvania, Oroning my income and income d that any false statements coderstand that monthly assistated om financial burden and will its or expenses.	of those re ontained h ance is not	siding in this ho erein, when dis meant to be lor	ousehold, asso covered, will ng term assist	ets, and be reason tance, and
Applicant Signature						
			······		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
THIS	SECTION TO BE COMPL	ETED BY GRAND CHAPTER	FRATERN	IAL COMMITT	EE	
Date:[Decision:		N	lext Review:		
		2 year member				
Annroyed:		Worthy Grand Ma	tron			

MONTHLY INCOME	APPLICANT	SPOUSE/RESIDENT	RESIDENT
Wages			
Social Security			
Disability			
Workman's			
Comp/Unemployment Public Assistance (Cash			
Amount) Alimony			
Child Support			
Pension/Retirement			
SNAP/Public Assistance			
LIHEAP			
ACCESS			
Property Tax or Rent Rebate (Divide by 12)			
MEDICAID (Yes or No)			
OTHER Monthly Income			
TOTAL INCOME			
ASSETS			
Home Value			
Mortgage Balance			
Checking Account Balance			
Savings, Xmas/Vacation Account Balances			
Bonds/Stocks/Mutual Funds Value			
Certificates of Deposit/Money Market Value			
IRA or Other Retirement Fund			
TOTAL ASSETS			

PLEASE NOTE----ALL FIGURES LISTED SHOULD BE AMOUNT PER MONTH. IF QUARTERLY, DIVIDE BY 4. IF YEARLY DIVIDE BY 12.

IF NEEDED, PLEASE COPY PAGE FOR ADDITIONAL RESIDENTS.

MONTHLY EXPENSES	APPLICANT	SPOUSE/RESIDENT	RESIDENT
Mortgage			
Rent			
Homeowner's Insurance			
Renter's Insurance			
Taxes (real estate, city, county, school)			
UTILITIES			
Heat			
Electric			
Phone			
Internet			
Cable			
Cell Phone			
Water/Sewer			
Trash Removal			
Groceries			
AUTOMOBILE			
Car Payment			
Gas			
Car Insurance			
MEDICAL			
Doctor Visits (not covered by insurance)			
Prescriptions (not covered by insurance))		
Health Insurance			
Life Insurance			
Other Medical Expenses			
CREDIT CARDS			
Company Name Balance Due.	Monthly Payment	Monthly Payment	Monthly Payment
1.			
2.			
3.			
4.			
Other Loan Payments			
Lender Name Balance Due	Monthly Payment	Monthly Payment	Monthly Payment
1.			
2.			
TOTAL EXPENSES			