

# Grand Lodge A.F. & A.M. of Idaho - - Application for Assistance

Application for financial assistance is hereby presented through \_\_\_\_\_ Lodge  
No. \_\_\_ Located at \_\_\_\_\_, Idaho for a (Brother) (family member) of this Lodge.

(With the assistance of the person in need, the Lodge should complete the following)

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

a member in good standing of \_\_\_\_\_ Lodge No. \_\_\_\_\_

since (date) \_\_\_\_\_; Or, applicant is a \_\_\_\_\_, age \_\_\_\_\_ of \_\_\_\_\_

(Relationship)

who was a member in good standing of \_\_\_\_\_ Lodge No. \_\_\_\_\_ at time of his death  
on (date) \_\_\_\_\_, \_\_\_\_\_.

Complete address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does applicant own home? \_\_\_\_\_ Value \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

List all real and personal property owned by Applicant, including values: \_\_\_\_\_

Value of Stocks, bonds, savings certificates or savings accounts: \_\_\_\_\_

Total assistance provided by children or family members: \_\_\_\_\_

Does applicant receive aid from any civil source, i.e. Social Security, etc.? \_\_\_\_\_

If yes, give source and amount \_\_\_\_\_

Is aid provided by any other Masonic or associated body? \_\_\_\_\_

If yes, give source and amount: \_\_\_\_\_

Total monthly income of applicant (list all sources): \_\_\_\_\_

Is applicant eligible for Medicare? \_\_\_\_\_

If applicant resides in a Nursing home, list total expenses per month. \_\_\_\_\_

If applicant resides in private home: (List expenses)

Rent \$ \_\_\_\_\_ /mo; Taxes \$ \_\_\_\_\_ /yr; Food \$ \_\_\_\_\_ /mo; Medical \$ \_\_\_\_\_ avg/yr; Utilities \$ \_\_\_\_\_ avg/yr; Insurance \$ \_\_\_\_\_ /yr Vehicle Payments \$ \_\_\_\_\_ /mo; gasoline \$ \_\_\_\_\_ /mo; Other \$ \_\_\_\_\_

Names of				
<u>Son / Daughter / Parent</u>	<u>Age</u>	<u>Relationship</u>	<u>Residence</u>	<u>Phone No.</u>

Total assistance provided by children. If none, give reason \_\_\_\_\_

Total accumulated debts, and addition comment: \_\_\_\_\_

I attest to the above information to be true and accurate to my knowledge as of \_\_\_\_\_, 20 \_\_\_\_ . I further understand that renewal of this benefit, if authorized, can be reviewed or changed at any time.

\_\_\_\_\_  
(print full name) (signature of applicant)

**Note: It is a POLICY of this Board that the applying Lodge should participate (when possible) in any assistance granted.**

\_\_\_\_\_ Lodge No. \_\_\_\_\_

Recommends assistance in the amount of (per month)..... \$ \_\_\_\_\_

And/or assistance in a lump sum payment of: ..... \$ \_\_\_\_\_

This Lodge will provide  a lump sum payment of, or

a monthly payment of:..... \$ \_\_\_\_\_

Total assistance recommended:..... \$ \_\_\_\_\_

Affix Lodge

Seal

Dated at \_\_\_\_\_, Idaho this

\_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Secretary) signature

\_\_\_\_\_  
(Worshipful Master) Please print name with your signature

**ACTION OF BOARD OF TRUSTEES OF GRAND LODGE RELIEF FUND**

Assistance as recommended is **NOT** authorized

A lump sum payment in the amount of \$ \_\_\_\_\_ is authorized.

Assistance in the amount of \$ \_\_\_\_\_ per month, paid quarterly, is authorized,

Beginning on \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee