



Charitable Foundation Application for Relief

Before making an application for relief, please be sure you understand the policies governing Maine Masonic Charity. Lodge _____ No. _____ A.F. & A.M. located at _____ requests relief for the following beneficiary:

1. Name _____ Age _____

2. Address _____

3. Masonic affiliation or connection (name of Member) _____

4. Address of member named as Masonic connection, if living: _____

5. Is the beneficiary employed? (Yes or No) if unemployed, is beneficiary able to work? _____
 Is the beneficiary handicapped? _____ If handicapped, in what way and to what extent _____

If beneficiary is not employed and is not handicapped, give reason for unemployment _____

6. Former business or occupation _____

7. What has been the means of support? _____

8. Living relatives (including wife, children, mother, father)

Name	Relationship	Age	Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Is the beneficiary a member of York Rites _____ Scottish Rites _____ Eastern Star _____

10. To what other organizations does, or did, the relative named in Question No. 3 above belong? _____

11. Is the beneficiary receiving aid from other organizations? _____ If so, give names of the organizations and amounts received _____

12. Has beneficiary served in the Armed Forces? _____ If so, in which war and the branch and length of service _____



13. Real estate owned by beneficiary and/or spouse: _____

- a. Location of property _____
- b. Market value _____ c. Amount of annual taxes _____
- d. Is there a mortgage on the property? _____ If SO, how much? \$ _____
- e. What is the amount of monthly payments being made on the mortgage \$ _____ and by whom? _____
- f. Who holds the mortgage? _____

14. Indicate by an (X) the type of housing in which beneficiary is now living: Owned _____ Rented _____

Boarding ; Lodging; Nursing Home - (Name and address) _____

If the beneficiary is living with a relative, give the name, relationship and address _____

If living with a non-related family, give name and address _____

15. Personal property of beneficiary Check and cash \$ _____ savings \$ _____ securities \$ _____; other personal property including automobile, etc. _____

16. Amount of life insurance \$ _____ Beneficiary of policy(s) _____

17. Is beneficiary eligible for retirement insurance under the Federal Social Security law? (Yes ___ or No ___)
 Has beneficiary applied? _____ If not, give reason _____
 Result of application _____

18. Income per month from all sources including assistance from member of the family but excluding Masonic relief:

Source	Amount per Month
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Approximate amounts per month now being expended for:

Rent \$ _____ Care \$ _____ Fuel \$ _____ Clothing \$ _____ Food \$ _____ Medicine \$ _____
 Utilities \$ _____ Other \$ _____ Explain _____

If in a nursing home, what is weekly or monthly rate? \$ _____



20. The following bills are unpaid (please list name of company(s) and individual (s) owed and the amount of each unpaid bill or attach the bills to this application.) Give specifics

21. How much relief is requested by the beneficiary for the period ending March 31? \$ _____

22. How much relief is requested by the Lodge? \$ _____

Is this request being made by vote of the Lodge or the elected Charity Committee? _____

23. Other information which will be helpful in considering this application _____

Financial Condition of Lodge

24. Last annual communication date _____ No. of members on that date _____

25. Annual dues per member \$ _____ Assessments \$ _____

26. Total amount of dues collected as given in last Annual Report? \$ _____

27. Amount of uncollected dues at last Annual Communication? \$ _____

28. Balance of General Funds at last Annual Communication? \$ _____

29. Debt of the Lodge or Association at last Annual Communication? \$ _____

30. Amount of Charity Fund at last Annual Communication? \$ _____

31. Is the principal available for relief or only the income? _____

32. Approximate annual income from the Charity Fund \$ _____

Amount

33. Source of other funds for relief purposes

34. What is the total amount of relief from all sources, excluding Grand Lodge funds, spent in the year ending at the last Annual Communication of the Lodge? \$ _____

35. How much will the lodge provide for the beneficiary of this application? \$ _____

36. List all other charity cases to which the Lodge is now contributing and the amount of each:
 Name

_____	\$ _____
_____	\$ _____
_____	\$ _____



37. If Relief is granted, the Committee will disburse the approved funds to the Secretary of the requesting Lodge, who will serve as Almoner, and he will be directed to pay the approved bills per the instructions in the letter approving the requested Relief, and the Lodge Secretary will receive, and remit receipts back to the Grand Secretary. The Committee does not pay approved funds directly to the applicant. Please show which bills specifically the Applicant is asking for Relief for by name of payee and amount requested. Use additional paper if necessary:

Name _____ \$ _____

38. If the Lodge requests assistance from the Charitable Foundation for more than one beneficiary, list names of all of them in order of need:

1st _____ 2nd _____ 3rd _____

This application is made on behalf of _____ Lodge. No. ____ by the undersigned. The Secretary will act as Almoner in the distribution of any grant that may be made by the Trustees of the Charitable Foundation to assist the Lodge in the relief of the beneficiary for whom this application is made.

Signed _____ W.M.

Type or print name _____ W.M. E-Mail: _____

Address _____ Phone Number _____

Signed _____ Secretary

Type or print name _____ E-Mail: _____

Address _____ Phone Number _____

Date _____

Mail To Grand Secretary at the address above.