

REQUEST FOR MASONIC RELIEF

A. Demographic Information To Be Filled Out By the Applicant

Applicant Full Name:		Date: ____ / ____ / ____	
Full Address:			
Cell Phone:	Home Phone:	NJ Mason: YES <input type="checkbox"/>	NO <input type="checkbox"/>
Email:	Masonic Affiliation:		
Masonic Blue Lodge & District:			
Other Organizations:			

B. Household Composition and Current Monthly Income/Support

Applicant Name	Age	Employer		Monthly Gross (\$)
Household Living with Applicant	Age	Relationship to Applicant	Employed?	Income/Support (\$)
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Total Household Income				

C. Assessment of Need/Current Condition?

Do you and your family have enough food for the next 7 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are your housing needs compromised (by eviction or foreclosure, etc.)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any household member with chronic medical condition? Or need medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please note any other immediate need:

D. Identify your Household Monthly Expenses (Bill List).

Starting on page 3 of this form List separately all Bills/Debts that you owe. Use extra pages, if necessary.

Please Include all Information: This INCLUDES Account Numbers, Name and Address of Creditors

This information is used to show need/necessity. Incomplete or omissions on this form, will result in committee's inability to fully assess need and impact or deny your receipt of funding.

E. List Resources/Organizations you have approached - to help with your current needs?

I have not used any. Please explain why not?			
I have used the following during the last year:			
<input type="checkbox"/>	Personal Loans from friends and Family		<input type="checkbox"/> Unemployment/Government Assistance
<input type="checkbox"/>	Bank Loans/Credit Cards		<input type="checkbox"/> Savings/Home Equity
<input type="checkbox"/>	Medical Assistance		<input type="checkbox"/> Local Church/Synagogue/Mosque
<input type="checkbox"/>	Social Services Agencies (Salvation Army)		<input type="checkbox"/> Others _____
<input type="checkbox"/>	Food Bank		<input type="checkbox"/> Others _____
<input type="checkbox"/>	Scottish Rite/Shriners/Eastern Star		<input type="checkbox"/> Others _____

REQUEST FOR MASONIC RELIEF

F. Statement from the Applicant Re: His/Her Specific Request from Masonic Outreach

I AM REQUESTING (attach all relevant documents; i.e. Statements, Billings, Letters) **AND WHY; PRINT CLEARLY**

X _____
Applicant's Signature Printed Name Date Signed

This Section Below is FOR OFFICAL USE ONLY by the Blue Lodge and District Deputy Grand Master

G. BLUE LODGE SCREENING RESULTS AND ENDORSEMENT TO THE COMMITTEE

Our Blue Lodge is Endorsing this Request for Relief of:

- a Non-Masonic Individual
- a Distressed Worthy Brother and/or his Family

Our Blue Lodge has conducted a through investigation of the applicants' need for masonic relief and has determined the legitimacy of the request, validity of the information provided and the urgency of the need. We are recommending to the Committee and the Grand Master that Bro. _____ receive the amount of \$_____ from Masonic Outreach. Our reason for this amount is explained, as follows: _____

The identified request is an emergent (life & death, medical necessity) situation;	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
The identified request is an urgent (non life-threatening, supplementary) situation;	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
That the cause of the emergent or urgent need is <u>NOT</u> a result of or due to a life choice of the applicant (e.g. Mishandling/mismanagement of money, gambling, alcohol or drug use);	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<i>Our Blue Lodge will contribute to the relief of this applicant in the amount of \$_____</i>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Our Blue Lodge will be able to assist the applicant mobilize resources from other social service agencies in our community, in addition to the assistance our Fraternity will Provide;	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Our Blue Lodge will be able to follow up with the applicant on the use of the Outreach Relief/Assistance that may be approved herein by the committee.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Comments: _____

X _____
Signature - District Deputy Grand Master Printed Name Date Signed

Blue Lodge Name, # & District: _____ **Location:** _____

Request for Masonic Relief - Bill List PLEASE PRINT CLEARLY

Creditor Name:	Due Date Mon/Day	/
Address	Monthly Payment	\$
City, State, Zip	To Bring Current	\$
Account #	Payoff Amount	\$

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