

# REQUEST FOR MASONIC RELIEF

## A. Demographic Information To Be Filled Out By The Applicant

01. APPLICANT:		ID No.: 11- <input type="text"/> <input type="text"/> <input type="text"/>
02. ADDRESS:		
03. HOME PHONE:	04. CELL PHONE:	05. OTHER:
06. MEMBER - MASONIC ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		07. BLUE LODGE:
08. OTHER MASONIC ORGANIZATIONS:		
09. OTHER ORGANIZATIONS:		

## B. Household Composition and Current Monthly Income/Support

NAME	AGE	EMPLOYER	MONTHLY GROSS(\$)
10. APPLICANT: <i>As Named Above</i>			
11. HOUSEHOLD LIVING WITH THE APPLICANT	AGE	RELATIONSHIP TO APPLICANT	IN SCHOOL/EMPLOYED? <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"/> YES <input type="checkbox"/> NO
<b>12. TOTAL HOUSEHOLD INCOME</b>			

## C. Current Emergent Conditions, if any?

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

## D. Identify your household monthly expense.

17. EXPENSES	MONTHLY COST	17. EXPENSES	MONTHLY COST
<b>18. TOTAL MONTHLY EXPENSES</b>			

## E. List resources/organizations you have approached - to help with your current needs?

19. I have not used any. Pls. explain why not?	
20. I have used the following during the last 6 months:	
<input type="checkbox"/> Personal loans from friends and family	<input type="checkbox"/> Unemployment/Savings/Home Equity
<input type="checkbox"/> DSHS for medical assistance	<input type="checkbox"/> Local church/synagogue/mosque
<input type="checkbox"/> Other Social Services Agencies (e.g. Hopelink, Salvation Army, food bank, etc.)	
<input type="checkbox"/> Others	

# REQUEST FOR MASONIC RELIEF

## F. Statement from the Applicant re: his/her specific request from the Masonic Fraternity.

21. I AM REQUESTING (attach relevant documents as necessary)

---

---

---

---

---

---

---

---

---

---

X \_\_\_\_\_  
Applicant's Signature Printed Name 22. Date Signed

-----This Section Below is FOR OFFICAL USE by the Blue Lodge only.-----

## G. BLUE LODGE SCREENING RESULTS AND ENDORSEMENT TO THE COMMITTEE

Our blue lodge is endorsing this request for relief from  a non-Masonic individual  a **DISTRESSED WORTHY BROTHER or HIS FAMILY**. We are informing the Committee and the Grand Master that:

Our Blue Lodge has conducted a thorough 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 that the amount of \$ \_\_\_\_, \_\_\_\_, \_\_\_\_.00 be issued to the applicant.

23. The identified request is an emergent (life & death, medical necessity) situation;	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. The identified request is an urgent (non life-threatening, supplementary) situation;	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. That the cause of the emergent or urgent need is <b>NOT A RESULT OF OR DUE TO</b> a lifestyle choice of the applicant (e.g. mismanagement of money, gambling, alcohol or drug use);	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Our Blue Lodge will contribute to the relief of this applicant in the amount of \$ ____, ____, ____.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Our Blue Lodge will be able assist the applicant mobilize resources from other social service agencies in our local community, in addition to the assistance our Fraternity will provide; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Our Blue Lodge will be able to follow up with the applicant on the use of the GL relief/assistance that may be approved herein by the GM.	<input type="checkbox"/> Yes <input type="checkbox"/> No

29. Comments:

---

---

---

X \_\_\_\_\_  
Signature – **WORSHIPFUL MASTER** Printed Name 30. Date Signed

31. Blue Lodge/No.: \_\_\_\_\_ Location: \_\_\_\_\_