



THE MOST WORSHIPFUL GRAND LODGE OF A. F. & A.M.
OF THE STATE OF ILLINOIS



APPLICATION FOR SERVICES

Master Mason Information			
Last	First	Middle	
Street Address	City	State	Zip
Home Number	Cell Number	Email	
DOB	Place of Birth	Date of Death (if applicable)	
Medicaid #		VA #	
Married/Single/Divorced/Widowed	Date of Marriage	If Terminated How/When	
Spouse Information			
Last	First	Middle	Maiden
Street Address	City	State	Zip
Home Number	Cell Number	Email	
DOB	Place of Birth	Date of Death (if applicable)	
Medicaid #		VA #	
Do you have a current dues card from any Masonic or Eastern Star Organization? (copy)			
Names and Relationships of all persons residing with you at said address:		Relationship	
What type of assistance are you requesting: (Required)			
Reason for Requesting Assistance: (Required)			
POWER OF ATTORNEY			

Name of Power of Attorney			
Relationship to Applicant			Telephone
Street Address	City	State	Zip
Miscellaneous Information			
Religious Denomination		Church	
I am (My spouse was) a Veteran of		Service Branch	
In what Veterans organizations are you a member?		In what other Fraternal or Labor Organizations are you a member?	
Medical Information			
Current Physical Conditions			
History of Past Illnesses			
Any Physical, Emotional, or other Disabilities that are either being treated or should be considered in making the decision to provide assistance?			
Medications			
Medication	Dosage	Usage	Cost
1			
2			
3			
4			
5			
Do you have Supplemental Health Care Insurance or any type of Health Insurance? Yes / No			
Company/ Type of Insurance		Type of Benefits	
Street Address	City	State	Zip
Will you sign authorizations for the Grand Lodge of Illinois to receive information about your medical health care, mental health care, and other matters of a similar nature that touch and concern your physical and mental health and well being? Yes / No (Complete necessary release forms if needed)			
Assets			
Checking Accounts			
Bank	Balance \$	Ownership	

Bank	Balance \$	Ownership	
Bank	Balance \$	Ownership	
Bank	Balance \$	Ownership	
Savings Accounts/Savings and Loan Associations			
Bank	Balance \$	Ownership	
Bank	Balance \$	Ownership	
Bank	Balance \$	Ownership	
Credit Union			
Bank	Balance \$	Ownership	
Bank	Balance \$	Ownership	
Stocks			
Name of Issuer	Number of Shares	Estimated Value	Ownership
Bonds			
Name	Face Value	Interest Rate	Maturity Date
Certificates of Deposit			
Name	Face Value	Interest Rate	Maturity Date
All other assets, including money market accounts, any accounts receivable, promissory notes payable to the applicant and security interest (such as a deed of trust or mortgage) if any, and any gifts or inheritances to applicant or spouse expected in the future, if any.			
Will you sign authorizations for the Grand Lodge of Illinois to receive information from Financial Institutions about the accounts you have? Yes / No (Complete necessary release forms)			
Do you have a funeral and/or burial plan: Yes / No (provide a copy)			
Property			
Does the applicant own any property?	Do you currently reside on the property listed above?		If yes, for how long?
Yes / No	Yes / No		
Address			Titled

Estimated Value		Indebtedness, if any		To Whom	
Do you own property other than the one listed above? Yes / No				Kind	How titled
Address					Titled
Estimated Value		Indebtedness, if any		To Whom	
Does another person hold any other money or property of any value for you? Yes / No (Give Details)					
Do you own motor vehicles? Yes / No					
Year		Model	Mileage	Debt: \$	
Year		Model	Mileage	Debt: \$	
Life Insurance – Attach Additional Sheets If Necessary					
Company		Face Value	Paid Up (Yes/No)	Beneficiary	
Policy #					
Company		Face Value	Paid Up (Yes/No)	Beneficiary	
Policy #					
Long term Care Insurance - Attach Additional Sheets If Necessary					
Company		Face Value	Paid Up (Yes/No)	Terms	
Policy #					
DEBTS					
Do you have any other debts <u>other than</u> Credit Card debt? - Attach Additional Sheets If Necessary					
Owed to		Balance	Payment		
Owed to		Balance	Payment		
Credit Card Debt - Attach Additional Sheets If Necessary					
Company		Balance	Payment		
Acct Number					
Company		Balance	Payment		
Acct Number					
Income					
Source	Applicant	Spouse	Total		
Social Security Retirement/Pension					
Disability Income					
Medicaid Cash Grant					

Medicaid Personal Fund					
Medicaid Prescription Benefits: Yes/ No					
Department of Aging Personal Care Units					
Veterans Assistance					
Earned Interest Income					
Blind Income					
Employment Income					
Other Income (Define)					
Expenses Monthly					
Source	Applicant	Spouse	Total		
Food					
Rent					
Mortgage Payment					
Electricity					
Gas					
Water					
Sewer					
Trash					
Phone – Land line					
Phone - Cell					
Cable Television					
Medicare Part B					
Medicare Part D					
Supplemental Insurance					
Hospital Insurance					
Long Term Care Insurance					
Life Insurance					
Renters/Homeowners Insurance					
Medication					
Over the counter Medication					
Funeral/Burial Plan					
Barber					
Beauty Shop					
Newspaper					
Clothing & Laundry					
Miscellaneous (Provide Details)					
Automobile Expenses Monthly					
	Applicant	Spouse	Total		
Payment					
Insurance					
Oil Change					
Gasoline					
Annual or One Time Payment Expenses					
	Applicant	Spouse	Due Date	Paid Up (Y/N)	Total
Real Estate Tax					
Personal Property Tax					
License & Inspections					
Car Insurance (if not monthly)					
Renters/Homeowners Insurance (if not monthly):					
Doctors/Dental Bills					
Additional Questions					
Within the past five (5) years have you made any gifts or loans of money, stocks, bonds, land or other property, real or personal,					

having a value of more than \$100.00? Yes / No	If yes please describe the gift; date given and to whom.
Do you understand and agree, that you, and your family, have the responsibility and obligation to provide the Grand Lodge of Illinois, with any and all other information that might affect the decision to render assistance, such as but not limited to: inheriting money or other assets, receiving benefits from additional sources; a cancellation of any and all debts; a bankruptcy proceeding; a gift of money or other benefits from any other person or entity; and all other similar or related things? Yes / No	
Do you further understand and agree that you have the continuing obligation to immediately notify the Grand Lodge of Illinois of any substantial change in your financial and/or living circumstances both presently and in the future. Yes / No	
Do you understand and agree that you and your family have the continuing obligation to participate in, and to actively seek out all available public or private assistance from any and all other programs, including, but not limited to programs such as: Medicare, Medicaid, Medicare Supplemental Insurance, Veterans benefits and other State and local assistance? Yes / No	
Do you understand and agree that the provision of assistance by Grand Lodge of Illinois may be conditioned upon the Grand Lodge of Illinois receiving a lien upon all or a portion of both your real and personal property? Yes / No	
Do you understand and agree that the provision of discretionary assistance by the Grand Lodge of Illinois may be conditioned upon the Grand Lodge of Illinois being named the sole or primary beneficiary of any and all life insurance policy or policies that you either currently own or which you may hereafter acquire? Yes / No	
Do you understand and agree that the Grand Lodge of Illinois is a pro forma charitable corporation, that it has the absolute right and authority either to grant or withhold assistance and that even if assistance is granted it may be terminated by the Grand Lodge of Illinois at any time and for any reason? Furthermore, do you understand and agree that assistance, if granted, is provided on a charitable basis for a charitable purpose and creates absolutely no rights, privileges, entitlements, claims demands, or grounds for any action at law, in equity or mixed by you, your family or any other person, and that no person may rely upon the extension of any assistance to you by the Grand Lodge of Illinois as a basis for that person making any other provisions for you, your spouse or any other person? Yes / No	
If requested, do you agree to provide to the Grand Lodge of Illinois a copy of your federal and state income tax returns, together with all schedules and attachments, for the last three (3) calendar years prior to that in which assistance is requested and do you further agree to furnish to the Grand Lodge of Illinois by May 1 st of each year subsequent to the date of this application a full and complete copy of your federal and state income tax returns for the preceding year so long as financial assistance from the Grand Lodge of Illinois shall continue? Yes / No	

I/We _____, having read the entire application for assistance and/or having the same read and explained to and hereby waiving any right to have an attorney of my choosing read and approve the same; or alternatively, after having had the attorney of my choice read and approve the same, that all of the facts and circumstances contained herein are true, according to the best of my information, knowledge, and belief. I/we further represent and warrant that I/we fully and completely understand and agree that this document does not constitute a contract for the provision of assistance, and that if any assistance is provided to me it is provided under the charitable guidelines of the Masonic Grand Lodge of Illinois, a pro forma Illinois corporation.

I/we further understand, agree, and warrant, that I/we will cooperate in periodic reevaluation of my/our situation and further, that any and all modifications or adjustments made in assistance granted to me/us by the Grand Lodge of Illinois, both currently, and in the future, are hereby agreed to, consented to, authorized, and ratified to the fullest extent permitted by law.

I/We hereby understand and recognize that the person signing this form as the investigative representative of the Grand Lodge of Illinois, as well as any individual director or officer of the Grand Lodge of Illinois, has no authority to bind the Grand Lodge of Illinois as to the granting of any benefits requested or to be requested by the undersigned applicant(s). The existence of any and all actual and/or apparent authority of any such representative is expressly and unequivocally denied by the Grand Lodge of Illinois.

Signature

Date

Requested for Board Approval By: _____, Director of Outreach

Services, this _____ day of _____, _____.

Note: This form is for purposes of investigation only and for purposes of maintaining accurate records in the Illinois Masonic Outreach Services office at the Grand Lodge of Illinois.

Note: Current Board Policy requires that all persons receiving assistance from the Grand Lodge of Illinois be reevaluated at least every Six (6) months and that in at least One (1) of such is a personal "Home" visit made by the staff to the place of residence of the person or persons receiving assistance.