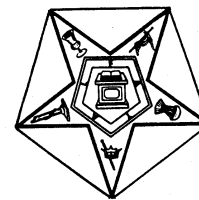


**GRAND CHAPTER OF IDAHO
OES BENEVOLENT BOARD
APPLICATION FOR ASSISTANCE**



ANSWER ALL QUESTIONS COMPLETELY

Chapter _____ No. _____ Location _____

Applicant _____ Address _____

City _____ Zip _____ Phone No. _____

Spouse Name _____ Masonic Member - Yes/No - Living/deceased

Amount of aid required by applicant \$ _____ One time amount \$ _____ or a monthly \$ _____

Explain what this need is to be used for _____

_____ How long will aid be required? _____

TOTAL INCOME \$ _____ /month \$ _____ /year

(Include all of the following: your salary, spouse's salary, Social Security, spouse's Social Security, OES Benevolent Funds, Income from Investments, [stocks, bonds, CDs], aid from other organizations/agencies and/or any other sources.)

Are other people residing in your home? Give name, relationship and income:

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

(Use form on reverse to itemize)

Do you have Medicare or Medicaid? _____

To be signed by Applicant, the Worthy Matron and Secretary of the Applicant's Chapter, under Seal of the Chapter.

The above statements are true to the best of our knowledge.

Date signed _____ Applicant _____

Date signed _____ Worthy Matron _____

Date Signed _____ Secretary _____

Date Signed _____ Relief Committee _____

Chapter and No. _____

Seal

The information on this application is confidential. Make four copies; send one to each member of the Benevolent Board. The fourth copy is for your chapter files.

- A letter explaining the need and/or recommendation expedites application.

GRAND CHAPTER OF IDAHO, OES
BENEVOLENT BOARD
APPLICATION FOR ASSISTANCE

MONTHLY EXPENSES

Answer all questions completely:

Average monthly expense \$ _____

Other Expenses
List:

Rent/Mortgage \$ _____

Heat \$ _____

Electricity \$ _____

Water/Garbage/Sewer \$ _____

Telephone \$ _____

Food \$ _____

Taxes \$ _____

Insurance

Car _____

Health _____

House _____

Life _____

Total Insurance \$ _____

Supplemental (do not include if on Medicare)

Medical \$ _____

Medicine \$ _____

Doctors \$ _____

TOTAL EXPENSES \$ _____