



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



APPLICATION FOR SERVICES

Master Mason Information

Last	First	Middle	Lodge Name and Number
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	
Spouse Name	Spouse DOB	Years of Masonic Membership	
Other than spouse, please list names and relationships of all persons residing with you at said address:		Relationship	
Emergency Contact Information			
Name:	Relationship:	Phone Number:	
What type of assistance are you requesting: (Please be specific. Applications without this information will not be processed)			
Is there additional information that you would like us to consider when making a determination? Health Concerns, etc. (Required)			
Please identify any programs of assistance that you have made application to as well as the resulting outcome. Please provide copies of determination letters with the submitted application.			
Power of Attorney			
Name of Power of Attorney			
Relationship to Applicant		Telephone	
Street Address	City	State	Zip

Assets

Checking Accounts

Bank	Balance \$	Ownership

Savings Accounts/Savings and Loan Associations/Credit Union

Bank	Balance \$	Ownership

Retirement Funds (e.g. IRA's, 401K)

Name of Issuer	Value	Statement Date	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

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					
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)					
Motor Vehicles					
Year	Model	Mileage	Debt: \$		
Life Insurance					
Company	Policy #	Face Value	Paid Up (yes/no)	Beneficiary	
Long term Care Insurance					
Company	Policy #	Face Value	Paid Up (Yes/No)	Terms	
Debts					
Do you have any other debts <u>other than</u> Credit Card debt?					
Owed To		Balance	Payment		
Credit Card Debt					
Company	Account Number	Balance	Monthly Payment		

Income (Please identify ALL that apply to you; or N/A if not applicable)

Source	Applicant	Spouse	Total Amount (\$)
Amount of Food Stamp Benefit			
Amount of LIHEAP Benefit			
Amount of Rx Assistance			
Employment Income			
Social Security			
Retirement/Pension			
VA Benefits			
Other Income (Define)			

Monthly Expenses (Please identify ALL that apply to you; or N/A if not applicable)

Source	Applicant	Spouse	Total Expense (\$)
Mortgage/ Rent			
Homeowners/Renters Insurance Automatically included with your mortgage/rent payment? -Circle Yes OR No			
Utilities (Electricity/Water/Gas)			
Trash			
Food			
Phone – Land line			
Phone - Cell			
Cable Television and/or Internet			
Medical Premium (Is this amount automatically deducted from Social Security or other Income Amount)? Circle Yes OR No			
Supplemental Insurance			

Hospital Insurance			
Long Term Care Insurance			
Life Insurance			
Medication			
Over the counter Medication			
Medical Expenses			
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					
Annual Car Insurance					
Annual Renters/ Homeowners Insurance					

Additional Questions and Signature

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.

Please Read Carefully - Upon submission of this application, I understand and agree that:

- ✓ I have the responsibility and obligation to provide the Illinois Masonic Outreach Services program 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.
- ✓ I have a continuing obligation to immediately notify the Illinois Masonic Outreach Services of any substantial change in my financial and/or living circumstances both presently and in the future and agree to a periodic reevaluation of my case which includes an annual visit to my home.
- ✓ My family and I 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.
- ✓ The provision of assistance by the Illinois Masonic Outreach Services program may be conditioned upon receipt of a lien upon all or a portion of both your real and personal property.
- ✓ The provision of discretionary assistance by the Illinois Masonic Outreach Services program 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.
- ✓ 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 at any time and for any reason. Furthermore, I 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 myself, my family or any other person, and that no person may rely upon the extension of any assistance to me by the Illinois Masonic Outreach Services program as a basis for that person making any other provisions for me, my spouse or other person.
- ✓ 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 understand and recognize that the person signing this form as the investigative representative of the Illinois Masonic Outreach Services program 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

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.