

# MASONIC CHARITY FOUNDATION OF OKLAHOMA

P.O. Box 2406 - Edmond, Oklahoma 73083

Telephone: 405-348-7500 Toll Free: 1-877-562-7667 Fax: 405-348-9031

## MASONRY MEANS . . . . PROMISES MATTER!

### Financial Assistance Application for a distressed Oklahoma Master Mason, his Wife, Widow, or Mother; or a Masonic Orphan; or a female member of an Oklahoma Eastern Star Chapter.

(Note: A Masonic Orphan is defined as a minor child who has lost his Master Mason father.)

As Masons and Eastern Stars we were taught in our Lodges and Chapters:

- ◆ to aid and assist our poor and distressed
- ◆ charity is the distinguishing characteristic of Masons
- ◆ that we promulgate the principles of Brotherly love and RELIEF, or, as Chapter members, we exemplify Electa's distinction of charity.

These duties are carried out both individually and through our Lodges and Chapters. Our local Bodies are the closest organizations to our members and the most likely to know when a Brother or Sister is in need. Thus, it is important that all Lodges and Chapters continually monitor their membership through personal contact, committees, surveys, etc. This fraternal concern our members never ceases.

Our Brothers and Sisters in distress may have many different needs. A member may need...

- ◆ a screen door repaired or a shelf replaced.
- ◆ assistance in shopping for groceries or prescriptions.
- ◆ transportation to the doctor.
- ◆ Companionship or visitation with quality time to combat loneliness, or just stay in touch.
- ◆ financial assistance.

**This financial assistance application must be discussed and approved at a stated meeting and then forwarded to the Masonic Charity Foundation of Oklahoma. A copy should be retained for your records.**

**The Lodge or Chapter is counted upon, as a normal course of their business, to conduct an adequate investigation of all the facts surrounding this request for assistance. This investigation must include a personal visit with both the member and his/her family.**

**Answers to the questions on this form do not automatically determine the approval or denial of the application. This is information intended only to help the Foundation understand the recipient's needs.**

The Lodge or Chapter, as a part of its fraternal commitment, is expected to provide what volunteer and financial assistance it can. Most needs are not financial. Many needs can be met by the local Lodge or Chapter sharing its time, talent, and its own financial resources with its member.

Occasionally, the need will be large enough for financial assistance from the Masonic Charity Foundation.

- ◆ When the need is financial, the **Promises Matter** program has two avenues to assist:
  - 1 - **Matching Funds** for the Lodge as it responds to the financial request.
  - 2 - **Direct grants** to the Brother or Sister on a temporary basis, if the matching funds are not sufficient.

Occasionally, the need will be for answers about which nursing home in town is the best; or answers to confusing questions about eligibility for community or government social programs.

- ◆ When the need is for information, the **Consultation and Referral** program furnishes hard to find information on local nursing homes and can explain rules and procedures to access community and government social programs.

In either case.....

- Promises Matter and the Masonic Charity Foundation will help your Lodge or Chapter work to find a possible solution for your member.

**Promises Matter Grant Application for** \_\_\_\_\_

**Recipient - Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone: Preferred:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 Home Number: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mail:  
 Physical Address: \_\_\_\_\_ P. O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 e-mail \_\_\_\_\_ Fax No. \_\_\_\_\_

Fraternal Relationship: Master Mason  \_\_\_\_\_ Lodge No. \_\_\_\_\_  
 OES (Female)  \_\_\_\_\_ Chapter No. \_\_\_\_\_

Master Mason's Name, Lodge Name and Number: \_\_\_\_\_ FOR: Wife  Mother   
 Widow  Minor Child

Does applicant have any relatives that can assist with the request being made in this application?  
 No  Yes  (If yes, give name and telephone number) \_\_\_\_\_

Nearest Relative Not Living with Recipient: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

May we contact the above person about this application? No  Yes

Does Recipient receive Medicaid? No  Yes  (If yes, give number) \_\_\_\_\_  
***If yes, it is not necessary to complete financial information in Sections I & II on Pages 2 & 3 of this form.***

**Explanation of Need:** Attach separate letter describing the needs and what caused the financial distress.

**Lodge / Chapter Actions** \_\_\_\_\_ **Date of Stated Meeting Vote:** \_\_\_\_\_  
 (Lodge/Chapter contributions, Matching Funds, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Needs Lodge/Chapter cannot provide and approximate cost: (attach copies of estimates, bills, etc.)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Approximate Total Requested \$ \_\_\_\_\_

**Lodge / Chapter - Information**  
 Lodge/Chapter Name \_\_\_\_\_  
 Mail:  
 Physical Address: \_\_\_\_\_ P. O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Lodge / Chapter - Contact Information**  
 Worshipful Master (or) Worthy Matron Signature: \_\_\_\_\_  
 Telephone: Preferred:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 Home Number: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 e-mail \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Secretary Signature: \_\_\_\_\_ (SEAL)  
 Telephone: Preferred:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 Home Number: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 e-mail \_\_\_\_\_ Fax No. \_\_\_\_\_

Promises Matter Grant Application for \_\_\_\_\_

**SECTION I**

**Financial Information**

(NOTE: It is not necessary to complete this section if applicant receives Medicaid)

**Assets**

	Amount
Checking	\$ _____
Savings (Money Market, CD Value, Savings Acct, etc.)	\$ _____
Securities (Stocks, Bonds, etc.)	\$ _____
Real Estate	\$ _____
Vehicles	\$ _____
Retirement (Pension, 401K, IRA)	\$ _____
Life Insurance (Cash Value)	\$ _____
Other assets (List)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Assets:</b>	<b>\$ _____</b>

**Liabilities - secured**

	Monthly Payment	Balance
Real Estate	\$ _____	\$ _____
Vehicles	\$ _____	\$ _____
Other: (List)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Liabilities - unsecured** (Includes credit cards)

Creditor: (List)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Total unsecured payments:** \$ \_\_\_\_\_ - **Total Liabilities:** \$ \_\_\_\_\_

TOTAL ASSETS: \$ \_\_\_\_\_  
 LESS: TOTAL LIABILITIES: -\$ \_\_\_\_\_  
**NET WORTH:** \$ \_\_\_\_\_

**Promises Matter Grant Application for \_\_\_\_\_**

**SECTION II**

**Household Monthly Budget**

(NOTE: It is not necessary to complete this section if applicant receives Medicaid)

Income

Monthly Amount

Salary/Wages	\$ _____
Investment Income	\$ _____
Retirement & Social Security	\$ _____
Other (List) _____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Income: \$ _____	

Expenses

Monthly Payment

Home (Mortgage or Rent)	\$ _____
Unsecured payments (from page 2)	\$ _____ -
Vehicle Loan	\$ _____
Vehicle (fuel, etc.)	\$ _____
Utilities:	
Electric	\$ _____
Gas	\$ _____
Water, etc.	\$ _____
Telephone	\$ _____
Food	\$ _____
Medical:	
Hospital/Clinics	\$ _____
Doctors	\$ _____
Medications	\$ _____
Insurance:	
Home	\$ _____
Medical	\$ _____
Life	\$ _____
Vehicle	\$ _____
Other (List) _____	\$ _____
Total Monthly Expense: \$ _____	

DISCRETIONARY FUNDS: \$ \_\_\_\_\_

**SECTION III**

Federal income taxes filed through 20\_\_\_\_. Additional owed?  No  
 Yes \$ \_\_\_\_\_

Has the undersigned been involved in a bankruptcy proceeding?  No  
 Yes Date \_\_\_\_\_

**SECTION IV**

The financial information submitted by the undersigned is a true, compete and correct representation of the undersigned's financial condition as of the date of this application.

**SIGNATURES:**

Date \_\_\_\_\_

Recipient \_\_\_\_\_

Witness \_\_\_\_\_

## AUTHORIZATION TO NEGOTIATE

To Whom It May Concern:

I give my authorization to the following persons(s), upon proper identification, to negotiate on my behalf any and all outstanding debts that I might have incurred.

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I authorize them to have access to any financial records necessary to allow such negotiations to occur.

This authorization shall remain in effect until such time as I revoke said consent either orally or in writing.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_