



**MASONIC FOUNDATION OF
NOVA SCOTIA
APPLICATION FOR BENEVOLENT
ASSISTANCE**

1. APPLICANT IDENTIFICATION

Applicant Surname: _____ Given Names _____ Birth Date _____

Sponsored By: (Craft Lodge) Name _____ No. _____

Spouse: _____ Surname Given Names _____ Birth Date _____

Mailing Address: _____ City Town _____ Apt. P. O. Box or Street & No. _____ Province _____ Postal Code _____

Home Address: If Different From Mailing Address _____

Dependents: (Excluding Spouse) If more then one complete Worksheet Page 1, Section 1

Surname _____ Given Names _____ Relationship _____ Birth Date _____

Living with parents? Yes No If no give mailing address _____

Mailing Address City Town Apt. P. O. Box or Street & No. Province Postal Code _____

Student Employed Handicapped Other (Explain) _____

2. EMPLOYMENT INFORMATION

Applicant: Are you employed? Yes No Retired? Yes No

If Employed: Employers Name City Town P. O. Box or Street & No. Province Postal Code

How long have you worked for this employer? Present Job Title?

If Retired: Retirement Date Last Employer's Name

Spouse: Employed? Yes No Retired? Yes No

If Employed: Employers Name City Town P. O. Box or Street & No. Province Postal Code

How long has Spouse worked for this employer? Present Job Title?

If Retired: Retirement Date Last Employer's Name

3. WHAT KIND OF ASSISTANCE ARE YOU REQUESTING?

Home Care Yes No Home Maintenance Yes No

Health Car Yes No Cost of Living Relief Yes No

Emergency Funds Yes No Other Yes No

Assistance Requested \$ _____

Reason for the Request - Use Comments, Page 4

4. FINANCIAL INFORMATION

Complete Worksheet Page 2, Section 3.

Total Gross Annual Income \$ _____

Do you own your home? Yes No If yes what is the assessed value \$ _____

If renting: Landlord's Name City Town P. O. Box or Street & No. Province Postal Code

Please list your assets including residences, properties, vehicles, bonds, other investment income indicating the value of each by completing Worksheet Page 2, Section 2, Assets .

5. EXPENSES – Please use Worksheet Section 4 Page 2

Total Monthly Expenses \$ _____ Total Annual Expenses \$ _____

Are you or your spouse receiving financial assistance from any other source? Yes No

If yes: give the value \$ _____ Source Explain *

*

I/We hereby declare that the information given in this application is to the best of my/our knowledge and belief true in every respect . I/We understand that if this request is approved in whole or in part that any assistance granted will not extend beyond one year from the approval date. I/We further understand the influence that any assistance received may have upon other income sources.

Dated at _____ Nova Scotia, this _____ day of _____ 20.....

APPLICANT _____ SPOUSE _____

6. LODGE RECOMMENDATION

We are of the opinion that the applicant is worthy of consideration.

COMMENTS: If additional space needed use Comments Section, Page 4

Worshipful Master

Lodge Secretary

Lodge No.

Date

ATTACH WORKSHEET TO THIS APPLICATION

OFFICE USE ONLY

Application Approved Yes No Application not approved (Explain):

Chairman Benevolence Committee
Masonic Foundation of Nova Scotia

Date

COMMENTS:

MASONIC FOUNDATION OF NOVA SCOTIA APPLICATION FOR BENEVOLENT ASSISTANCE WORKSHEET

SECTION 1 - ADDITIONAL DEPENDENTS

Surname	Given Names	Relationship	Birth Date
<hr/>			
Student <input type="checkbox"/>	Employed <input type="checkbox"/>	Handicapped <input type="checkbox"/>	Other <input type="checkbox"/> (Explain)
<hr/>			
Mailing Address	City Town	Apt. P. O. Box or Street & No.	Province Postal Code
<hr/>			
Surname	Given Names	Relationship	Birth Date
<hr/>			
Student <input type="checkbox"/>	Employed <input type="checkbox"/>	Handicapped <input type="checkbox"/>	Other <input type="checkbox"/> (Explain)
<hr/>			
Mailing Address	City Town	Apt. P. O. Box or Street & No.	Province Postal Code
<hr/>			

SECTION 2 – ASSETS

PROPERTY

Principal Residence \$ _____
 Cottage _____
 Resource Property _____
 Automobiles (Year/Model) _____
 Boat/Motor (Year/Model) _____
 Other _____

INVESTMENTS

Canada Savings Bonds \$ _____
 Bank Accounts _____
 Treasury Bills _____
 Bonds _____
 Insurance _____
 Other Investments _____

DEBT AGAINST PROPERTY ? Yes No

TOTAL VALUE ALL ASSETS \$ _____

EXPLAIN: Mortgage, Loans:

SECTION 3 – TOTAL ANNUAL INCOME OF APPLICANT AND SPOUSE

MONTHLY INCOME	APPLICANT	SPOUSE
Employment Income	\$ _____	\$ _____
Employment Commissions	_____	_____
Other Employment Income	_____	_____
Old Age Security Pension	_____	_____
Canada Pension	_____	_____
Other Pensions	_____	_____
Family Allowance Payments	_____	_____
Unemployment Insurance	_____	_____
Rental Income	_____	_____
Alimony/ Separation Allowance	_____	_____
Registered Retirement Fund	_____	_____
Annuity Income	_____	_____
Annuity Income	_____	_____
Annuity Income Partnership Income	_____	_____
Professional Income	_____	_____
Business Income	_____	_____
Investment Income	_____	_____
Other	_____	_____
Monthly Total Applicant \$ _____ + Spouse \$ _____ x 12 = \$ _____		
Additional Income (Quarterly, Semi-Annual, Annual)		\$ _____
TOTAL GROSS ANNUAL INCOME OF APPLICANT AND SPOUSE		\$ _____

SECTION 4 - TOTAL ANNUAL EXPENSES APPLICANT AND SPOUSE

MONTHLY EXPENSES - Where applicable give average amount

Mortgage and Interest	\$ _____	Food	\$ _____
Property Tax	_____	Fuel	_____
Income Tax	_____	Medical	_____
Life Insurance	_____	Hospital	_____
Auto Insurance	_____	Property Maintenance	_____
Pension Plans	_____	Recreation	_____
Transportation	_____	Lodge/Masonic Body Dues	_____
Payment on Debt (Explain)*	_____	Clothing	_____
Miscellaneous	_____		

Monthly Total Applicant & Spouse \$ _____ x 12 = Annual Expenses \$ _____

* If additional space needed use Application Form Page 4, Comments.

SIGNATURE OF APPLICANT

DATE