



**NON-RESIDENT
RELIEF APPLICATION**

APPLICANT INFORMATION

Applicant name: _____

Applicant is a:

Mason

Mason's spouse

Mason's widow

Have you previously applied for or Outreach Services? Yes No

If yes, give date(s) applied: ____ / ____ / ____

FOR MASONIC OUTREACH USE ONLY

Application number: _____

Date mailed: _____

Date application received: _____

Application approved

Application denied

Date approved/denied: ____ / ____ / ____

Recommendations: _____

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DOCUMENT CHECKLIST

Collect the following applicable documents prior to filling out this application. You must also include **COPIES** of all applicable documents listed below with your application. **DO NOT SUBMIT ORIGINAL DOCUMENTS.**

Legal - page 5/7

- Advance directives for health care
- Durable power of attorney (finances, healthcare, personal matters)
- Conservatorship
- Pre-paid funeral & burial planning documentation
- Certificate of Marriage
- Divorce Decree (if applicable)
- DD-214 for Military Service
- Trust Documents
- Bankruptcy Discharge Document

Income/Expenses -page 8/9

- Social Security (check stub or award letter)
- Income tax returns last three years if filed (Federal and State)
- Retirement/pension payment stub Annuity statement(s)
- Mortgage statement(s) - most recent
- Equity line of credit statement - most recent
- Credit card recent statements (all accts.)
- Car loan - most recent statement (s)

Identification(s)

- Driver's License/Passport/State ID
- Birth/naturalization certificate
- Social Security card

Assets - page 9/10

Account Statements - 36 months

- Checking
- Savings
- Money Market
- Investment Accounts
- Custodial Accounts
- Trust Accounts
- Certificate of Deposit (CD's)
- Brokerage account statement
- Life Insurance policy cover sheet (showing current value and award value)
- Long-term care insurance policy

Assets - Real Estate page 11

- Grant deed(s)
- Assignment of deed of trust
- Loan document(s)
- Reverse mortgage documents
- Mobile home certificate of title and current registration

Health insurance cards (front & back)

- Medicare Card
- Medicaid Card
- Medicare Supplemental Plan
- Medicare D Prescription Insurance
- VA, Private Health Insurance
- Dental and Vision

Vehicles – titles/current registration

- Auto
- Boat
- Trailer
- Motorcycle
- RV

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REPRESENTATIVE INFORMATION

I am filling out this application on behalf of the applicant

Name of person assisting: _____

Relationship: _____

Email: _____ Phone: _____

MASON'S INFORMATION

Please complete the following, including information about the Mason
(even if they are not the applicant):

Mason's Name: _____ Date of birth: _____

Birthplace: _____ Social Security #: _____

Lodge 1: _____ Lodge 2: _____

APPLICANT INFORMATION

Applicant's Name: _____ Date of birth: _____

Birthplace: _____ Social Security #: _____

Current Address: _____

Previous Address: _____

Email: _____ Phone: _____

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MARITAL INFORMATION

Married I have been married _____ times
Spouses Name: _____ Date of birth: _____
Date of marriage: _____ Place of marriage: _____
Spouse's Social Security#: _____

Widower/Widow Date of spouse's death: _____

Divorced Date of divorce: _____

Legally separated Date of separation: _____

Single

LIVING CHILDREN

Child 1: _____ Son Daughter
Address: _____
Phone: _____ Email: _____

Child 2: _____ Son Daughter
Address: _____
Phone: _____ Email: _____

Check here if additional children are listed on notes page (back pages)

EMERGENCY CONTACT

Name 1: _____ Relationship: _____
Address: _____ Phone: _____

Name 2: _____ Relationship: _____
Address: _____ Phone: _____

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MILITARY INFORMATION (MASON)

Mason served in the United States Military

Branch of service: _____ Dates of service: _____

Serial#: _____ Discharge Date: _____

Discharge status: _____

Served during a period of conflict? Yes No

Which period of conflict (which war)? _____

MILITARY INFORMATION (SPOUSE / WIDOW)

Mason's spouse/widow served in the United States Military

Branch of service: _____ Dates of service: _____

Serial#: _____ Discharge Date: _____

Discharge status: _____

Served during a period of conflict? Yes No

Which period of conflict (which war)? _____

WORK / EDUCATION / RETIREMENT

Previous occupation: _____

Last employer: _____ Date of retirement: _____

Education level:

Grade school High school Associate's degree

Bachelor's degree Master's degree Doctoral degree

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MEDICARE / MEDICAID

I am enrolled in Medicare: Part A Part B

Medicare number: _____

I have Medicare Part D (Prescription Coverage)

Company name: _____ Member ID: _____

I am enrolled in Medicare advantage/replacement plan

Company name: _____ Member ID: _____

Plan Type: HMO PPO

I am enrolled in Medicaid Medicaid number: _____

I have applied for Medicaid and my application is pending

Date applied for Medicaid: ____ / ____ / ____

SUPPLEMENTAL HEALTH INSURANCE

Do you have another supplemental health insurance: Yes No

Company: _____ Phone: _____

Membership number: _____ Group member: _____

If premium paid, how often? _____ Amount: _____

I go to the VA for my medical needs

LEGAL

Are you involved in any pending lawsuits? Yes No

If yes, please describe: _____

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RETIREMENT / PENSION

Company: _____	Employee ID#: _____
Address: _____	

INCOME / EXPENSES

Please provide a detailed account of the applicant's income and expenses.

MONTHLY INCOME	
Social Security	
Retirement pension	
Veterans pension	
Railroad	
Dividends	
Interest	
Children's Contributions	
Annuity	
Rental property income	
Royalties	
All other sources	
Total income	

MONTHLY EXPENSES	
Rent/Mortgage	
Care cost/Caregiver	
Health Insurance	
Dental Insurance	
Medications	
Telephone	
Cellphone	
Automobile payments	
Automobile gas/maint.	
Auto Insurance	
Internet/cable	
Food	
Housekeeper	
Utilities	
Debt /credit cards	
Long-term care Ins.	
Life Insurance	
Other:	
Other:	
Other:	
Total expenses	

Total income:	\$ _____
Total expenses:	\$ _____
Subtract total income From total expenses:	\$ _____
<p>This is your net monthly income remaining after all bills and expenses are paid (may reflect a deficit if expenses exceed income).</p>	

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CREDIT CARDS

Credit Card Name	Account Number	Balance Owed

Check here if additional credit cards are listed on the notes pages (At the end of the application)

SECURED LOANS

Description	Balance Owed
<input type="checkbox"/> Home: _____	\$ _____
<input type="checkbox"/> Income property: _____	\$ _____
<input type="checkbox"/> Car loan: _____	\$ _____
<input type="checkbox"/> RV loan: _____	\$ _____
<input type="checkbox"/> Equity line of credit: _____	\$ _____

UN-SECURED LOANS (FAMILY MEMBERS)

Lender Name	Address	Balance Owed

GOVERNMENT DEBT (TAX DEBT, VA DEBT, CHILD SUPPORT)

Payee	Balance Owed

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CHECKING ACCOUNTS

Bank Name	Account Number	Current Balance

SAVINGS ACCOUNTS

Bank Name	Account Number	Current Balance

OTHER SAVINGS ACCOUNTS

(i.e., credit union, money market, Custodial, Trust)

Institute Name	Account Number	Type of Account	Current Balance

CERTIFICATE OF DEPOSIT (CD'S)

Bank Name	Account Number	Current Balance

INVESTMENT ACCOUNTS

(i.e., stocks, bonds, funds, notes)

Institute Name	Type of Account	Current Balance

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TRANSFER OF ASSETS

Have you given away or transferred (without full payment) any real estate, cash, stocks, bonds, or other assets within the last five years? Yes No

If yes, please describe: _____

Have you provided any personal loans to someone else? Yes No

If yes, provide current balance: _____

Expected repayment terms: _____

LIFE INSURANCE

Company 1	Policy #	Premium Amount	Face Value
Beneficiary name:		Relationship:	

Company 2	Policy #	Premium Amount	Face Value
Beneficiary name:		Relationship:	

If approved, can beneficiary be changed to the Grand Lodge of Florida? Yes No

REAL ESTATE

Property address: _____

Property type (select all that apply):

Single family Income property Mobile Home

Land Other (please explain): _____

APN (from tax bill): _____ Estimated present value: _____

Occupied: Yes No Insured: Yes No

Insurance company: _____ Policy #: _____

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REAL ESTATE CONTINUED

Mortgage company: _____ Remaining balance: _____

Reverse mortgage: _____

Check here if additional real estate is listed on notes page (back pages).

Are there any open enforcement, citations or correction notices on your property? Yes No

Do you have a realtor or broker? Yes No

Realtor/broker name: _____ Phone number: _____

Please Note: An appraisal approved by Grand Lodge of FL must be obtained before liquidating real property. If your application is approved, beneficiary of home could be changed to the Grand Lodge of Florida.

VEHICLES

Automobiles

Make/Model	Year	Milage
1.		
2.		

RV/Boat/Motorcycle/Other Vehicle

Make/Model	Year	Milage
1.		
2.		

Check here if additional vehicles are listed on notes page (back page)

OTHER PROPERTY / ASSETS

Intellectual property (i.e., books movies, patent rights) Yes No

Other major assets (i.e., antiques, art, jewelry) Yes No

Please detail on notes page (back pages)

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NON - RESIDENT RELIEF FUND AGREEMENT

I attest that the information I provided is true to the best of my knowledge and agree as follows:

1. Pending approval of my application, I agree not to dispose of, transfer, sell or convey any of my property, except for my usual and ordinary living expenses.
2. Upon approval of my application, I agree to execute, upon demand, any and all documents necessary.
3. I understand that any concealment, disposal, or transfer of my property to avoid approval of my application or any omission or misrepresentation as to my health, physical condition, financial means or any other fact set forth in my application, shall be sufficient reason to reject my application or to immediately remove me from the Home if I have already been admitted as a resident.
4. The values of assets and personal liabilities listed in this application have been provided by me. By signing below, I acknowledge that these values may change and the actual value of property transferred by me to the Masonic Home cannot be determined until after all such property has been sold or otherwise disposed of.
5. The Board shall have the authority to require the applicant security for the repayment of the monies granted. The Board shall exercise this authority upon Masonic principles of the right and justice, and shall have the full discretion as the requirement thereof, and the method, procedure, time etc. in the administration of the same.

Mason's Signature: _____ Date: _____

Spouse/Widow's Signature: _____ Date: _____

POA/ Conservator's Signature: _____ Date: _____

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LODGE RESOLUTION

At the Stated Meeting of _____ Lodge No. _____
Free and Accepted Masons, held at _____
Florida, on the _____ day of _____ A.D. _____
the following preambles and resolutions were adopted.

WHEREAS, This Lodge is making application to the Board of Trustees of the Masonic Home of the State of Florida for financial aid for, _____ or Mrs. _____ who is the _____ of brother _____ a member of this lodge who, at the time of his decease, or is, a member in good standing of this lodge; and **WHEREAS**, from our knowledge of the applicant's circumstances and conditions, and from an investigation which has been made, we believe that the application is worthy () not worthy () of being granted.

THEREFORE BE IT RESOLVED, That this Lodge recommends that assistance be granted from Non-Resident Relief Fund to the extent of \$ _____ per month; and further **BE IT RESOLVED**, that this Lodge agrees to keep an oversight of the applicant, and on the first days of June and December, will make a detailed report to the Board of Trustees, of the disbursements of the combined funds and to certify whether the necessity for assistance still exists; and also to promptly inform the Board of Trustees should circumstances make it advisable to diminish the amount granted.

Seal

(Certified from the minutes, with seal affixed)

Worshipful Master

ATTEST: _____ *Secretary*

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MASONIC RECORD

(To be completed by the Secretary of the Lodge)

Applicant, Brother _____ Date of birth _____
Mrs. _____ who is the wife, widow of Brother, _____ .
Date of raising _____ If affiliated, give date of affiliation _____
from Lodge No. ____ at _____ . Brother is still living or if deceased,
give deceased date _____ Furnish full record as to affiliation, suspension or
expulsion, giving dates and date of restoration: Has Lodge ever rendered
financial assistance to the applicant? If so, give amount and dates: _____

Secretary signature

Date

Lodge No.

DISTRICT DEPUTY GRAND MASTER'S CERTIFICATE

I HEREBY CERTIFY, that the foregoing application has been
carefully investigated and fully considered by me; That I have interviewed the officers of
the Lodge, also the applicant, and recommend that application be: (Detailed report
attached.)

Approved

Denied

District Deputy Grand Master Date

The Board of Trustees of the Masonic Home rely upon the District Deputy Grand Master to
disclose any information which, if he were a member of the Committee, he would feel it
incumbent upon him to communicate to his brethren of the Committee. _____

NOTE: *As per Rules and Regulations of the Masonic Home, a detailed report on
the investigation of the District Deputy Grand Master must accompany the
application on D.D.G.M. letterhead.*

