APPLICATION FOR ASSISTANCE

ORDER OF THE EASTERN STAR HOME FUND FOUNDATION AND BENEVOLENT FUND OF UTAH

(Revised 2019)

Name Phone Address City State Zip Date of Birth Marital Status: Married Single Divorced Widowed

Number of Children living at home Ages of Children

Others who live with you Chapter Name Initiation Date Affiliation Date What aid can/does your Chapter offer? Assistance available through Community or State Social Services (SSI, Medicaid, Reach,

FEMA, etc.

How much do/will they assist? Have you applied for such assistance? If so, when Are you receiving financial aid from any other source? Yes No

If Yes, please explain. Amount $ Weekly Monthly Other

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Received From:** |  | **Monthly Expenses:** |  |
| Social Security (Monthly) |   | Rent/Mortgage |   |
| Pension/Annuities |   | Heating |   |
| Alimony |   | Electricity |   |
| Child Support |   | Phone (basic) |   |
| Savings |   | Water and/or Sewer |   |
| Employment |   | Real Estate Taxes |   |
| Interest and/or Dividends Employment of Spouse or Or other who lives with you Other Sources of Income (Rentals /Leases) |     | FoodInsurance-Medical ClothingMedical Expenses-Drugs, Other Other (explain) |       |

TOTAL IMCOME: TOTAL EXPENSES

Amount of assistance requested Is this amount for actual living expenses? Yes No

If no, please explain

Please give a brief history of your case and the assistance your have requested. List any information you feel is important to your application. Use additional pages if necessary. Feel free to enclose any documentation, including bills, which you believe will help the Board of Trustees make and informed decision on your request.

The information in this application is confidential. It is available only for the consideration of the members of the Board of Trustees of the Eastern Star Home Fund and Benevolent Fund of Utah. Only the president and secretary have access to your application, no other Board Members will know the name on the application, only the

I certify that all facts on this application are true, to the best of my knowledge.

(Sign) (Date)

Send completed application to:

**ENCLOSURE FOR APPLICATION**

Verbal communications may be misinterpreted, therefore, the following is included with your application: