

MASONIC BENEVOLENT FUND
FOR THE PROVINCE OF SOUTH WALES

APPLICATION FOR AN EMERGENCY GRANT

This form should be completed by hand and signed by the applicant and the Investigating Almoner/Lodge Representative where appropriate.

Application made by or on behalf of:

FULL NAME (BLOCK CAPITALS) _____ AGE _____

ADDRESS _____

POST CODE _____ TEL _____ MOBILE _____

BANK DETAILS: SORT CODE: ____--____--____ A/C No.: _____

The Applicant (delete as necessary where indicated by shading):

Is/was a member of the Lodges below	Is the WIDOW/BACHELOR SON/SPINSTER DAUGHTER/CHILD of Brother _____ (full name in capitals), whose details are entered below.
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MASONIC RECORD

Lodge No.	Date initiated/joined	No. years subscribing	In arrears?

Rank in Craft Lodge _____ Provincial Rank _____

Occupation (present or former, state whether retired) _____

The Applicant's family consists of: (state number of children)

_____ children, aged _____ years, of whom _____ aged _____ **is/are** dependent on **him/her**.

If this application is for a BROTHER please answer questions a, b and c.

- A. Is the applicant single/married/divorced/separated? _____ Please state.
- B. Is the wife still dependent on the applicant? _____
- C. What age is the Applicant's wife? _____

Applicant's date of birth _____ Date of Marriage _____

Applicant's husband/Brother/Father, whose Masonic record is detailed above, died on _____

Has application for support also been made to the central Masonic charities? (MCF) _____

DECLARATION:

The information given in this form is to the best of my knowledge truthful and complete. I acknowledge that if at some future occasion this is shown to be incorrect, I may be liable to repay all or part of any grant made, and may also be liable to criminal prosecution.

Applicant's Signature _____ Date _____

REPORT OF CIRCUMSTANCES

(To be completed by the Almoner/Lodge Representative)

1. (a) If the property is owned by the Applicant, state:
- (i) The type of property (house/flat/bungalow, etc.) _____
- (ii) Present Value £ _____
- (iii) Amount remaining on mortgage £ _____
- (iv) Type of mortgage (Building Soc, Endowment, Interest only, etc.) _____
- (b) Is the property freehold or leasehold? _____
- (c) If Leasehold, state number of years unexpired _____

2. REPORT ON RESIDENCE A complete inspection is not required. Please give general impressions only.

EXTERIOR

INTERIOR

CONDITION OF FURNISHINGS Etc.

What arrangements are there for payment for repairs and redecoration, and by whom are they paid?

3. INCOME AND EXPENDITURE. Please state Weekly/Monthly/Yearly (W/M/Y)

INCOME	£	P.	W/M/Y	EXPENDITURE	£	p.	W/M/Y
State Retirement Pension				Mortgage Capital			
Wife's State Retirement Pension				Mortgage interest			
Widows Pension				Rent – Gross less housing benefit			
Income Support/Pension Credit				Council Tax less Council Tax Benefit			Y
Employment Support Allowance				Water Rates			Y
Personal Independence Payment				Ground Rent			
JSA/Universal Credit				Maintenance Contract charges			
Attendance Allowance				Telephone			
Carer's Allowance				Heat & Light – Electricity			Y
Working Tax Credit				Heat & Light – Gas			Y
Child Tax Credit				Heat & Light – Solid Fuel/Oil			Y
Child Benefit for Children				Home Help			
Bereavement Allowance				Gardener			
Other State aid not mentioned above				Residential/Nursing Home fees			
Applicant's Earnings (after deductions)				Board/Residence Charges			
Wife's Earnings (after deductions)				Car (Ave of all running expenses)			
Pension, own employment(after ded's)				Keep (if living with friends/relatives)			
Pension (late husband) (after ded's)				Any other Expenditure (specify)			
Interest on savings and Investments.							
Central Masonic Charity funding							
Any other income or help (specify)							

4. If the Applicant is living with friends or relatives, does he/she make any financial contribution other than that stated in Question 3?

5. Has the Applicant received assistance from any source other than the Craft? (please give details)

6. Has the Applicant received assistance from the Grand Mark Benevolent Fund? (Please give date and amount)

7. Details of Applicant's capital.

	£		£		£
Bank Current a/c		Building Society		Premium Bonds	
Bank Deposit a/c		Post Office		Retirement Bonds	
Value of Investments		Savings Certificates		Other	

8. Does the Applicant own any property other than his/her residence? If yes, please specify.

Present Value _____ Freehold or Leasehold _____

Income Derived (£ p.a.) _____ (also entered in Question 3)

Other relevant information:

9. If the Applicant has disclosed savings, assets or property in Questions 7 and 8, does he/she have full control over such? _____

If NO, please give nature of interest. If life interest only, documentary evidence must accompany the first application.

10. Particulars of Children:

Sex	Age	Married or single	Dependent on Applicant?	Income, if known	If living with Applicant state contribution to household	Does he or she otherwise assist? If not give reasons.

11. What is the Applicant's expectation of a future means of livelihood?

12. Are bankruptcy proceedings pending?

13. For what purposes will any grant, if made, be used?

14. Are you satisfied that the distress is real, and that the application is *bona fide*?

15. What grants have been made by the Lodge, and for what purpose?

16. INVESTIGATING ALMONER/LODGE REPRESENTATIVE'S REPORT:

It is not necessary to complete a lengthy report, but any further information that might be useful may be detailed here. Any item of expenditure yet to be paid should be supported by relevant documentation (quotations/invoices/estimates)

CERTIFICATE OF INVESTIGATING ALMONER/LODGE REPRESENTATIVE

I certify that I have personally investigated this case and I believe the statements in this application to be accurate.

Name of Investigating Almoner/Lodge Representative _____

Rank _____ Lodge and Number _____

Address _____

_____ Post Code _____

Signature _____

The Applicant must be visited by the Investigating Almoner/Lodge Representative, who shall be responsible for the completion of this form. The completed form must be returned to "The Secretary of the MBF, 5 Guildford St., Cardiff, CF10 2HL" Tel. 029 2043 3688
