

MASONIC BENEVOLENT FUND  
OF SOUTH WALES

APPLICATION FOR HELP & ASSISTANCE

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

Application made by or on behalf of:

Full Name ..... Age .....

Address..... Post Code .....

Telephone Contact Numbers .....

Email .....

Bank details: Account Name ..... Sort Code ..... Acc.....

The Applicant is / was a member of ..... Lodge No.....

The Applicants relationship to a Mason is / was .....

**Applicants Masonic Record if applicable**

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

Rank in Craft Lodge ..... Provincial Rank .....

Occupation (present or former, state whether retired) .....

Does the Applicant have any dependent children? Y/N If yes, they are ..... years old

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If this application is being made by a Mason,

Relationship status Single, Married, Separated, Divorced, Widow

Is Ex Wife still dependent on him? Y/N What age is Dependent Ex Wife? .....

Has the Applicant made application / received help from any private Lodge? Y/N

If yes, details are.....

Has an application been made to The MCF for help & assistance? Y/N

If yes, details are .....

***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 by the Almoner/Lodge Representative**

**PLEASE FILL IN ALL SECTION OR MARK NOT APPLICABLE N/A.**

**DO NOT LEAVE BLANKS ON FORM**

1. (a) If the property is owned by the Applicant? Owned or Rented  
 (i) The type of property (house/flat/bungalow, etc.) .....  
 (ii) Present Value £.....  
 (iii) Amount remaining on mortgage £.....  
 (b) Is the property freehold or leasehold?.....  
 (c) If Leasehold, state number of years unexpired .....

2. **REPORT ON RESIDENCE**

What is the general condition of the Applicants dwelling?  
 .....  
 .....  
 .....

3. **INCOME AND EXPENDITURE.** Please state Weekly/Monthly/Yearly (W/M/Y). Ensure that the same period is used for both income & expenditure

<b>INCOME</b>	<b>£'s</b>	<b>W/M/Y</b>	<b>EXPENDITURE</b>	<b>£'s</b>	<b>W/M/Y</b>
State Retirement Pension			Mortgage		
Wife's State Retirement Pension			Any Loans		
Widows Pension			Rent – Gross less housing benefit		
Income Support/Pension Credit			Council Tax less Council Tax Benefit		
Employment Support Allowance			Water Rates		
Personal Independence Payment			Ground Rent		
JSA/Universal Credit			Maintenance Contract charges		
Attendance Allowance			Telephone		
Carer's Allowance			Electricity		
Working Tax Credit			Gas / Oil / Solid Fuel		
Child Tax Credit			Mobile / Internet		
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)			Food & Household products		
Pension (late husband) (after ded's)			Other Expenditure		
Interest on savings and Investments.			Debit Repayment		
Central Masonic Charity funding			House / Contents Insurance		
Any other income or help (specify)					

4. Has the Applicant received assistance from any source, Masonic or not?  
 .....  
 .....  
 .....

5. Details of Applicant's savings & investments. As at this date .....

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

The Applicant confirms that this is a true & full record of all accounts held, either single or joint Y/N

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

Present Value..... Freehold or Leasehold .....

Income Derived £.....

Other relevant information

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7. Applicants dependent Children:

Age .....	Living with Applicant Y/N	In full-time education Y/N
Age .....	Living with Applicant Y/N	In full-time education Y/N
Age .....	Living with Applicant Y/N	In full-time education Y/N
Age .....	Living with Applicant Y/N	In full-time education Y/N

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8. What is the Applicant's expectation of a future means of livelihood? Give as much detail as possible

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9. Are bankruptcy proceedings pending Y/N      Any Agreement with creditors? Y/N

If Yes, details

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10. How much assistance does the Applicant require from the MBF? £.....

What will the money be used for? Please give as much detail as possible.....

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11. Summary of circumstances. Please explain why this application is being made and how it will help. The more detail submitted will assist in speeding the application.

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**Investigating Almoner / Lodge Representative Summary of Application**

Name ..... Masonic Rank.....

Lodge Name & Number ..... Telephone .....

Email .....

***I certify that I have personally investigated this case. I have seen evidence when required and verified it. I believe that the details in this application to be correct and that there is a genuine need for help.***

Signature .....

Please send completed form to  
Mbf-support@southwalesmason.com

