

# DOWN MASONIC WIDOWS' FUND

## Application Form for Financial Assistance / Renewal of Assistance

	District Charity Committee. Lodge No		Present Band		
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**APPLICANT DETAILS**

Surname		Tick this box if widow lives on her own <input style="width: 40px; height: 20px;" type="checkbox"/>
First Names		
Address		
Postcode		
Tel No		
Date of Birth		
Housing Type (Tick only one)		Own House <input style="width: 40px; height: 20px;" type="checkbox"/> Relative's House <input style="width: 40px; height: 20px;" type="checkbox"/> Rented House <input style="width: 40px; height: 20px;" type="checkbox"/> Sheltered /Fold <input style="width: 40px; height: 20px;" type="checkbox"/> Nursing Home <input style="width: 40px; height: 20px;" type="checkbox"/>

**Details of Masonic Connection (New applications only)**

My Husband <input style="width: 30px; height: 20px;" type="checkbox"/> Father <input style="width: 30px; height: 20px;" type="checkbox"/> Son <input style="width: 30px; height: 20px;" type="checkbox"/> Brother <input style="width: 30px; height: 20px;" type="checkbox"/> (Tick one)	Fore name <input style="width: 100%; height: 25px;" type="text"/> Member From:- <input style="width: 100%; height: 25px;" type="text"/> Date of Death:- <input style="width: 100%; height: 25px;" type="text"/> Occupation:- <input style="width: 100%; height: 25px;" type="text"/>	Surname:- <input style="width: 100%; height: 25px;" type="text"/> To:- <input style="width: 100%; height: 25px;" type="text"/> Age:- <input style="width: 100%; height: 25px;" type="text"/> Lodge No:- <input style="width: 100%; height: 25px;" type="text"/>
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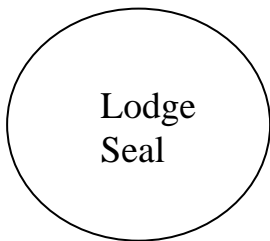
**Lodge Almoner / Visiting Brother Details**

Name: (Print) <input style="width: 100%; height: 25px;" type="text"/> Signature:- <input style="width: 100%; height: 25px;" type="text"/> Email: (Print) <input style="width: 100%; height: 25px;" type="text"/>	Date of Visit:- <input style="width: 100%; height: 25px;" type="text"/> Mobile No:- <input style="width: 100%; height: 25px;" type="text"/> Tel No:- <input style="width: 100%; height: 25px;" type="text"/>
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**To be completed by the Officers of the Lodge.**

We recommend the foregoing application and certify that, to the best of our belief, the information contained within this form is correct.

Signature of Worshipful Master Signature of Treasurer Signature of Secretary	
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Date:- <input style="width: 100%; height: 25px;" type="text"/>	Secretary's Tel no:- <input style="width: 100%; height: 25px;" type="text"/> Secretary's Email:- <input style="width: 100%; height: 25px;" type="text"/>
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Completed form should be sent to the Secretary of **Your District Charity Committee in good time!!**

**To be completed by the District Charity Committee.**

Signature of Chairman Signature of Secretary Date Recommended by Charity Committee	
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# DOWN MASONIC WIDOWS' FUND

## Application Form for Financial Assistance / Renewal of Assistance

<b><u>WEEKLY INCOME</u></b>	
Widow's Pension	£
State Pension	£
Occupational Pension	£
Late Husband's Employer Pension	£
Pension Credit	£
Incapacity Benefit / ESA	£
Disability Living Allowance	£
Personal Independent Payment PIP	£
Attendance Allowance	£
Income Support	£
Employment	£
Family Contribution	£
Investment Income	£
Rental Income from land etc	£
Other:-	£
	£
<b>TOTAL <u>WEEKLY INCOME</u></b>	£

<b><u>WEEKLY HOUSING COSTS</u></b>		
Mortgage Repayments <b><u>per week</u></b>	£ <input style="width: 100px;" type="text"/>	
Rates Gross	Less Rebate	Net Rates / Week
£ <input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>
Rent Gross	Less Rebate	Net Rent / Week
£ <input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>	£ <input style="width: 80px;" type="text"/>
<b>TOTAL <u>WEEKLY EXPENDITURE</u></b> FOR MORTGAGE, RATES & RENT		£ <input style="width: 100px;" type="text"/>
<p><b>Please note that details of general expenditure and living costs are not required, only Mortgage, Rates and Rent where applicable.</b></p>		

### APPLICANT'S ASSETS, CAPITAL Etc

Details	Value	Comments
Own Dwelling House	£	
Investments valued at	£	
Current Bank Account	£	
Deposit Account	£	
Post Office Account	£	
Building Society / ISAs	£	
Land or other dwellings	£	For land state acreage.

**Should any applicant omit to give a full statement of income from every source, or withhold any information required by this form and the omission subsequently becomes known the grant will be liable to be withdrawn.**

The security and privacy of your personal information is very important to us. We will use the data you give to us for administration and analysis. I understand that the information given in this form and any supplementary information provided will be stored and processed by DMWF in accordance with the Data Protection Act 1998.

Signature of Applicant

Date:-

Almoner / visiting Brother's observation on health & conditions:-

Has widow applied for:-

PENSION CREDIT

YES / NO

RENT / RATE REBATE

YES / NO