

DOWN MASONIC WIDOWS FUND

Application Form for Financial Assistance / Renewal of Assistance

District Charity Committee

Lodge

APPLICANT DETAILS

Surname	Irwin
Address	
Postcode	
Tel No	
Date of Birth	Age:-

First Names	<input style="width: 90%;" type="text"/>
Own House	<input style="width: 100%;" type="checkbox"/>
Relatives House	<input style="width: 100%;" type="checkbox"/>
Rented House	<input style="width: 100%;" type="checkbox"/>
Sheltered Accommodation	<input style="width: 100%;" type="checkbox"/>
Nursing Home	<input style="width: 100%;" type="checkbox"/>
PLEASE TICK ONLY ONE	

Details of Masonic Connection (New cases only)

My Husband	<input style="width: 100%;" type="checkbox"/>	was a member of Masonic Lodge No:-	<input style="width: 90%;" type="text"/>
Father	<input style="width: 100%;" type="checkbox"/>	From:-	<input style="width: 90%;" type="text"/>
Son	<input style="width: 100%;" type="checkbox"/>	Date of Death:-	<input style="width: 90%;" type="text"/>
Brother	<input style="width: 100%;" type="checkbox"/>	Occupation:-	<input style="width: 90%;" type="text"/>
(Tick one)		To:-	<input style="width: 90%;" type="text"/>
		Aged:-	<input style="width: 90%;" type="text"/>
		Annual Income	<input style="width: 90%;" type="text"/>

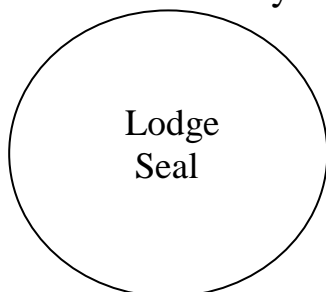
Lodge Almoner / Visiting Brother Details

Name:-	<input style="width: 90%;" type="text"/>	Date of Visit:-	<input style="width: 90%;" type="text"/>
Signature:-	<input style="width: 90%;" type="text"/>	Mobile:-	<input style="width: 90%;" type="text"/>
Email	<input style="width: 90%;" type="text"/>	Tel No:-	<input style="width: 90%;" type="text"/>

To be completed by Lodge Officers

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



Tel No of Secretary

Date

Completed form should be sent to the Secretary of
Your District Charity Committee

To be completed by District Charity Committee Secretary

Signature of Chairman
 Signature of Secretary
 Date Recommended by Charity Committee

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INCOME PER WEEK		EXPENDITURE PER WEEK	
Widows Pension		Mortgage Repayments	<input style="width: 100%;" type="text"/>
Old Age Pension		Rates Gross	<input style="width: 100%;" type="text"/>
Retirement / Occ Pension		Less Rebate	<input style="width: 100%;" type="text"/> = <input style="width: 100%;" type="text"/>
Late Husbands Employer Pens		Rent Gross	<input style="width: 100%;" type="text"/>
Pension Credit		Less Rebate	<input style="width: 100%;" type="text"/> = <input style="width: 100%;" type="text"/>
Incapacity Benefit			
Disability Benefit			
Attendance Allowance			
Blind Person's Allowance			
Living Alone Allowance			
Age Allowance			
Employment			
Family Contribution			
Investment Income			
Rental Income			
Other:-			
TOTAL WEEKLY INCOME		TOTAL WEEKLY EXPENDITURE	<input style="width: 100%;" type="text"/>

APPLICANTS ASSETS, CAPITAL Etc

Details	Value	Comments
Assets (eg House) value		
Investments valued at		
Current Bank Account		
Deposit Account		
Post Office Account		
Building Society		
Other		

Signature of Applicant Date:-

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.

Lodge Almoner or visiting Brothers observation following the visit. Housing conditions, health etc.

Has widow applied for

PENSION CREDIT YES / NO
RENT / RATE REBATE YES / NO