

# APPLICATION FOR ASSISTANCE

Revised 2006

Eastern Star Maintenance Committee  
Grand Chapter of Tennessee  
Order of the Eastern Star

Application must be completed in ink or typed. Please print if not typed.  
Complete and accurate information on all questions will expedite handling of Application.

## Personal Information

Full name of applicant \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Number of persons living in household: Adults \_\_\_\_\_ Relationship to you \_\_\_\_\_

Children under 18 \_\_\_\_\_ Relationship to you \_\_\_\_\_

## Eastern Star—Masonic Information

Eastern Star Chapter of which you are a member \_\_\_\_\_ No. \_\_\_\_\_

How long have you been a member of this chapter? \_\_\_\_\_ years

Are you a member of any other chapter? \_\_\_\_\_ Name and number \_\_\_\_\_

Full name of Master Mason on whose Masonic affiliation you became a member of the Order of the Eastern Star:

\_\_\_\_\_ Relationship to you \_\_\_\_\_

Name and number of his Masonic Lodge: \_\_\_\_\_

Is he a Master Mason in good standing? \_\_\_\_\_

If deceased, was he a Master Mason in good standing at the time of his death? \_\_\_\_\_

If applicable, is/was your husband a Master Mason? \_\_\_\_\_

Name and number of his Masonic Lodge: \_\_\_\_\_

If deceased, was he a Master Mason in good standing at the time of his death? \_\_\_\_\_

Date of death \_\_\_\_\_

## Personal Property and Real Estate

Do you own the home where you live? \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Approximate value of personal property and real estate owned by applicant and household members: \_\_\_\_\_

Amount of indebtedness against personal property and/or real estate: \_\_\_\_\_

**APPLICATION FOR ASSISTANCE (Continued)**  
**Eastern Star Maintenance Committee**

Name of Applicant \_\_\_\_\_

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**Financial Information**

Itemize YOUR Personal Monthly Income: (Add additional pages if needed.)

Source	\$\$ Amount	Source	\$\$ Amount
Social Security		Other Pension/Retirement	
Insurance		Dividends	7-
Stocks/Bonds/Annuities		Interest	
Monthly Salary			

Do YOU have/receive: (Add additional pages if needed.)

1. Money Market/Savings Account? \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Certificates of Deposit: \_\_\_\_\_
2. Medicare? \_\_\_\_\_ Parts: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ Medicaid/TennCare? \_\_\_\_\_
3. Life Insurance? \_\_\_\_\_ Amount: \$ \_\_\_\_\_ IRA/Investment Accounts: \_\_\_\_\_ Value: \$ \_\_\_\_\_

List all other sources of assistance you receive: (Add additional pages if needed.)

Source	\$\$ Amount	Source	\$\$ Amount
Relatives		Friends	
Church		Eastern Star Chapter	
Other Organizations (List)			

Itemize Monthly Income of OTHER Household Members: (Add additional pages if needed.)

Name/Relationship to You	Source of Income	\$\$ Amount

Itemize monthly personal and household expenses: (Add additional pages if needed.)

Expense	\$\$ Amount	Expense	\$\$ Amount
Food		Rent/House Note	
Utilities		Telephone/Cable	
Insurance		Automobile note/gas/etc.	
Medicine		Clothing	
Property Taxes		Contributions/Donations	
Gifts			

**TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_**

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<b>Family Information</b>		
List name, address, and occupation of children: <i>(Add additional pages if needed.)</i>		
Name	Address	Occupation

Explain reason assistance is requested. Use back of form if additional space is needed:


Signature of Applicant: \_\_\_\_\_

**RECOMMENDED BY:**

Elected Officer of the Chapter: \_\_\_\_\_  
Name Office Held

Chapter Name and Number: \_\_\_\_\_

**SIGNED:**

**SEAL OF THE CHAPTER**

\_\_\_\_\_  
 Worthy Matron (Signature)

\_\_\_\_\_  
 Secretary (Signature)

\_\_\_\_\_  
 Secretary's Mailing Address