

APPLICATION FOR ASSISTANCE

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

Complete in ink or type. Please print clearly. Complete and accurate information will expedite review.

Personal Information

Full name of applicant			
Date of birth		Telephone No.	
Address			
Marital Status:	☐ Married	☐ Single	☐ Widowed ☐ Divorced
Adults in household		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?			
Are you a member of any other chapter?	☐ Yes ☐ No	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 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 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

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/Term Care?
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

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

TOTAL MONTHLY EXPENSES

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Name of Applicant

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Family Information

List name, address, and occupation of children (add additional pages if needed)

Name	Address	Occupation

Explain reason assistance is requested. Use an additional page if more space is needed:

Signature of Applicant

RECOMMENDED BY

Elected Officer of the Chapter

Office Held

Chapter Name and Number

SIGNED:

Worthy Matron

(Signature)

Secretary

(Signature)

SEAL OF THE CHAPTER

Secretary's Mailing Address