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 _____

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 _____

APPLICATION FOR ASSISTANCE (CONTINUED)

Eastern Star Maintenance Committee

Name of Applicant _____

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 _____

_____