

Appendix "A"



MASONIC FOUNDATION OF NOVA SCOTIA APPLICATION FOR BENEVOLENT ASSISTANCE

1. APPLICANT IDENTIFICATION

Applicant Surname:	Given Names	Birth Date
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Sponsored By: (Craft Lodge) Name	No.	E-MAIL ADDRESS	No.	Telephone
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Spouse:	Surname	Given Names	Birth Date
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Mailing Address:	City Town	Apt. P. O. Box or Street & No.	Province	Postal Code
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Home Address: If Different From Mailing Address	Telephone:
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Dependents: (Excluding Spouse) If more then one complete Worksheet Page 1, Section 1

Surname	Given Names	Relationship	Birth Date
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Living with parents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no give mailing address
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Mailing Address	City Town	Apt. P. O. Box or Street & No.	Province	Postal Code
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Student <input type="checkbox"/>	Employed	Handicapped	Other	Explain)
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Applicant's E-Mail Address: _____

2. EMPLOYMENT INFORMATION

Applicant: Are you employed? Yes ☐ No ☐ Retired? Yes ☐ No ☐

If Employed: Employers Name City Town P. O. Box or Street & No. Province Postal Code

How long have you worked for this employer? Present Job Title?

If Retired: Retirement Date Last Employer's Name

Spouse: Employed? Yes ☐ No ☐ Retired? Yes ☐ No ☐

If Employed: Employers Name City Town P. O. Box or Street & No. Province Postal Code

How long has Spouse worked for this employer? Present Job Title?

If Retired: Retirement Date Last Employer's Name

3. WHAT KIND OF ASSISTANCE ARE YOU REQUESTING?

Home Care Yes ☐ No ☐

Home Maintenance Yes ☐ No ☐

Health Care Yes ☐ No ☐

Cost of Living Relief Yes ☐ No ☐

Emergency Funds Yes ☐ No ☐

Other Yes ☐ No ☐

Assistance Requested _____

Reason for the Request - Use Comments, Page 4

4. FINANCIAL INFORMATION

Complete Worksheet Page 2, Section 3.

Total Gross Annual Income _____

Do you own your home? Yes ☐ No ☐ If yes what is the assessed value \$ _____

If renting: Landlord's Name City Town P. O. Box or Street & No. Province Postal Code

Please list your assets including residences, properties, vehicles, bonds, other investment income indicating the value of each by completing Worksheet Page 2, Section 2, Assets .

5. EXPENSES – Please use Worksheet Section 4 Page 2

Total Monthly Expenses _____ Total Annual Expenses _____

Are you or your spouse receiving financial assistance from any other source? Yes ☐ No ☐

If yes: give the value \$ _____ Source Explain *

I/We hereby declare that the information given in this application is to the best of my/our knowledge and belief true in every respect. I/We understand that if this request is approved in whole or in part that any assistance granted will not extend beyond one year from the approval date. I/We further understand the influence that any assistance received may have upon other income sources.

Dated at _____ Nova Scotia, this _____ day of _____ 20.....

APPLICANT _____ SPOUSE _____

6. LODGE RECOMMENDATION

We are of the opinion that the applicant is worthy of consideration.

COMMENTS: If additional space needed use Comments Section, Page 4

Worshipful Master

Lodge Secretary

Lodge No.

Date

ATTACH WORKSHEET TO THIS APPLICATION

OFFICE USE ONLY

Application Approved Yes ☐ No ☐ Application not approved (Explain):

Chairman Benevolence Committee
Masonic Foundation of Nova Scotia

Date

COMMENTS:

MASONIC FOUNDATION OF NOVA SCOTIA APPLICATION FOR BENEVOLENT ASSISTANCE WORKSHEET

SECTION 1 - ADDITIONAL DEPENDENTS

Surname	Given Names	Relationship	Birth Date
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Student <input type="checkbox"/>	Employed <input type="checkbox"/>	Handicapped <input type="checkbox"/>	Other <input type="checkbox"/> (Explain)
Mailing Address	City Town	Apt. P. O. Box or Street & No.	Province Postal Code
<hr/>			
Surname	Given Names	Relationship	Birth Date
<hr/>			
Student <input type="checkbox"/>	Employed <input type="checkbox"/>	Handicapped <input type="checkbox"/>	Other <input type="checkbox"/> (Explain)
Mailing Address	City Town	Apt. P. O. Box or Street & No.	Province Postal Code
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SECTION 2 - ASSETS

PROPERTY

Principal Residence _____
 Cottage _____
 Resource Property _____ Year _____ Model _____
 Automobiles (Year/Model) _____
 Boat/Motor (Year/Model) _____
 Other _____

INVESTMENTS

Canada Savings Bonds _____
 Bank Accounts _____
 Treasury Bills _____
 Bonds _____
 Insurance _____
 Other Investments _____

DEBT AGAINST PROPERTY ? Yes ☐ No ☐

TOTAL VALUE ALL ASSETS _____

EXPLAIN: Mortgage, Loans:

SECTION 3 – TOTAL ANNUAL INCOME OF APPLICANT AND SPOUSE

MONTHLY INCOME	APPLICANT	SPOUSE
Employment Income Employment	_____	_____
Commissions	_____	_____
Other Employment Income	_____	_____
Old Age Security Pension Canada	_____	_____
Pension	_____	_____
Other Pensions	_____	_____
Family Allowance Payments	_____	_____
Unemployment Insurance	_____	_____
Rental Income	_____	_____
Alimony/ Separation Allowance	_____	_____
Registered Retirement Fund	_____	_____
Annuity Income	_____	_____
Annuity Income	_____	_____
Annuity Income Partnership	_____	_____
Income Professional Income	_____	_____
Business Income	_____	_____
Investment Income	_____	_____
Other	_____	_____
Monthly Total for Applicant	_____ +	Monthly Total for Spouse _____ x _____ = _____
Additional Income (Quarterly, Semi-Annual, Annual)		_____
TOTAL GROSS ANNUAL INCOME OF APPLICANT AND SPOUSE		_____

SECTION 4 - TOTAL ANNUAL EXPENSES APPLICANT AND SPOUSE

MONTHLY EXPENSES - Where applicable give average amount

Mortgage and Interest	_____	Food	_____
Property Tax	_____	Fuel	_____
Income Tax	_____	Medical	_____
Life Insurance	_____	Hospital	_____
Auto Insurance	_____	Property Maintenance	_____
Pension Plans	_____	Recreation	_____
Transportation	_____	Lodge/Masonic Body Dues	_____
Payment on Debt (Explain)*	_____	Clothing	_____
Miscellaneous	_____		
Monthly Total Applicant & Spouse	_____ x _____ =	Annual Expenses	_____

* If additional space needed use Application Form Page 4, Comments.

Return this form electronically to the Grand Secretary's Office at grandsecretary@nsmasons.ca

SIGNATURE OF APPLICANT

DATE