

STATE BOARD HAS APPROVED \$ _____ PER MONTH FOR SIX MONTHS. DATE _____

GRAND TRUSTEES HAVE APPROVED \$ _____ PER MONTH FOR SIX MONTHS DATE _____

APPLICATION DENIED: _____ DATE _____

BENEVOLENT BOARD CHAIR: _____

GRAND CHAPTER OF NEW MEXICO
ORDER OF THE EASTERN STAR
APPLICATION FOR BENEVOLENT ASSISTANCE

THE APPLICANT MUST BE A MEMBER IN GOOD STANDING OF A LEGALLY CONSTITUTED SUBORDINATE CHAPTER OF THE GRAND CHAPTER OF NEW MEXICO.

Two copies of this application must be prepared by the Chapter Benevolence Committee. A statement is requested solely as a frank and personal means of learning the circumstances of an applicant as a basis for the proposed assistance and all parts of this application will be confidential.

Date _____

TO: Benevolent Assistance Board, Grand Chapter of New Mexico; Order of the Eastern Star

FROM: Secretary of Chapter No. _____, located in the City of _____ State of New Mexico

Hereby petitions Grand Chapter of New Mexico for Benevolent Assistance for **SIX (6)** months for the following applicant.

Secretary of Chapter _____

Secretary's Address _____

Name of Member _____ Birthdate _____ Age _____

Address of Member _____ City _____ State _____ Zip _____

Cell phone _____ Home phone _____ email _____

Is a member of _____ Chapter No. _____, City _____, New Mexico.

Date of Members initiation/affiliation (circle one) _____

Marital status: Married ___ Divorced ___ Single ___ Widow ___ Widower ___

Name, address and phone of nearest relative: _____

_____ Relationship _____

Does Member own his/her home? Yes / No Value? _____

Does Member own other property? Yes / No

Location _____ Value _____

Location _____ Value _____

Number of people living in household _____

Names, ages and relation of people living in household with Member: _____

Does Member pay 100% of monthly household expenses? Yes / No If no, financial arrangement: _____

Does Member have insurance? Health ___ Accident ___ Life ___ Medicare ___ Medicaid ___ Burial ___ Other _____

Checking account balance: _____ Stocks, bonds, CD's, mutual funds, investments: _____

Savings account balance: _____

Does Member own a car? Yes / No Make _____ Year _____

ITEMIZE MEMBERS'S MONTHLY INCOME FROM ALL SOURCES
(EXCLUDE BENEVOLENT FUNDS)

Property-----\$ _____
Retirement/Pension-----\$ _____
Dividends/Interest-----\$ _____
Social Security-----\$ _____
Food Stamps/TANF, etc.-----\$ _____
Annuities-----\$ _____
Relatives/Friends/Spouse----\$ _____
Alimony/Child Support-----\$ _____
Other (specify)-----\$ _____
Wages-----\$ _____

TOTAL MONTHLY INCOME----\$ _____

ITEMIZE MEMBER'S AVERAGE MONTHLY EXPENSES

Room & Board-----\$ _____
Retirement/Nursing Home----\$ _____
Mortgage/House payments---\$ _____
Rent-----\$ _____
Groceries-----\$ _____
Utilities (mo. Aver.)-----\$ _____
Vehicle payments-----\$ _____
Gas/oil/transportation-----\$ _____
Vehicle insurance-----\$ _____
Doctor/Dental/Prescriptions--\$ _____
Phone/Cable/Internet-----\$ _____
Credit Card/Loans, etc.-----\$ _____

TOTAL MONTHLY EXPENSES--\$ _____

DIFFERENCE BETWEEN INCOME \$ _____
EXPENSES \$ _____

TOTAL \$ _____

AMOUNT REQUESTED FROM BENEVOLENT \$ _____

WHEN SUBMITTING THIS APPLICATION, PLEASE INCLUDE A LETTER TO THE COMMITTEE DESCRIBING THE CIRCUMSTANCES WHICH CREATED THE SITUATION THAT YOU ARE DEALING WITH. IF THE FUNDS ARE NEEDED IMMEDIATELY THIS MUST BE STATED IN THE LETTER (THE TERM OF THE SIX MONTHS IS JANUARY THROUGH JUNE AND JULY THROUGH DECEMBER). IF YOU ARE REQUIRING A ONE TIME AMOUNT, THIS MUST BE STATED IN THE LETTER. THE MORE INFORMATION THE BENEVOLENT COMMITTEE HAS, THE QUICKER WE CAN EXPEDITE THE APPLICATION.

PREPARED BY THE CHAPTER COMMITTEE ON BENEVOLENCE

Each Benevolent Assistance request must come from the member's Chapter and be submitted under seal of the Chapter. This application must be completed in duplicate before mailing one copy to the Chairman of the Benevolent Assistance Board. The second copy is retained by the Chapter secretary for the Chapter files.

Committee has visited applicant in person. Yes/No If no, the reason is: _____

SIGNED:

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Recommendation of the Chapter Benevolence Committee:

Worthy Matron _____, Worthy Patron _____ and

Secretary _____ of _____ Chapter No. _____

DATE: _____

(Chapter Seal)