

**The Most Worshipful Grand Lodge
 Free & Accepted Masons
 of
 Florida**

**APPLICATION FOR NON-RESIDENT MEMBERS OF THE
 MASONIC HOME OF THE STATE OF FLORIDA**

Date _____ 19 _____

I, _____, the undersigned, do hereby apply through
 _____ Lodge No. _____, Free and Accepted Masons,
 for financial assistance from the Board of Trustees of The Masonic Home of Florida, through the Non-
 Resident Relief Fund, and submit the following statements and information:

This application is based on the membership of _____
 who is, or was a member of _____ Lodge No. _____,
 Free and Accepted Masons, located at _____, Florida.

PERSONAL HISTORY

1. Date of Birth _____ Place of Birth _____
2. Now residing at _____
(GIVE HOUSE NUMBER, STREET, TOWN OR CITY AND STATE)
 since _____ with _____ relationship _____
 Being supported by _____ relationship _____
3. Former residence _____ relationship _____
(WITH ADDRESS)
4. Present occupation _____ Former occupation _____
5. Out of employment since _____ Formerly with _____
6. Not able to earn a living because _____
7. Are you a veteran? _____ What war? _____
 (a) Serial Number _____
 (b) Do you receive disability pension? _____
 (c) What is your "C" number? _____
 (d) Are you the wife or widow of a Veteran? _____
8. The following constitute my sole and only heirs-at-law, children, next of kin, etc.:

NAME	AGE	RELATIONSHIP	OCCUPATION	ADDRESS
(a)				
(b)				
(c)				
(d)				
(e)				

9. They are unwilling or unable to support me for the following reasons: As to (a) (b) (c) (d) and (e). (NOTE: A letter from each living son and daughter must accompany this application stating that they know of the application being made; the reason why they are unable to support you; whether they can and will contribute towards your support and amount monthly.)

10. Number of dependents _____ Age and relationship of each _____

11. Have you ever previously filed an application for Non-Resident Relief? _____

If so, when and what action resulted _____

FINANCIAL STATUS

12. My property consists of the following: (NOTE: Include all assets and interest in property owned in sole name, joint ownership, or life estate.)

Any applicant for relief funds who has deeded or disposed of property in any manner within five (5) years prior to making application shall be ineligible unless it is established that such property was disposed of for adequate consideration in order to secure funds to care for such applicant and/or dependent.

(a) Cash on hand \$ _____

(b) Cash on Deposit with _____ \$ _____

(c) Real Estate, Legal Description _____

Estimated Value \$ _____ (If jointly owned, with whom?) _____

Address _____

(d) Personal Property:

Automobile: Year, Make, Model & Value _____ \$ _____

Jewelry: _____ \$ _____

(DESCRIBE AND GIVE APPROXIMATE VALUE)

Other Personal Property: _____ \$ _____

(e) The following stocks and bonds:

NUMBER OF SHARES AND DESCRIPTION

COMPANY

(f) Have you deeded or disposed of any property within five (5) years prior to making this application?

No () Yes () If yes, give detailed explanation _____

13. My income is received from:

- (a) Social Security per month (S.S. No.) _____ \$ _____
- (b) State and/or County Welfare _____ \$ _____
- (c) Pensions and/or annuities _____ \$ _____
- (d) Veterans Benefits _____ \$ _____
- (e) Other sources of income _____

(TOTAL MONTHLY AMOUNT OF BENEFITS)

(f) Are you entitled to financial aid from any other source?

If so, explain: _____

(g) Expectancy subject to death of another person: Name and address _____

Amount and nature _____

\$ _____

14. Do you pay rent? _____ State monthly amount \$ _____

Do you own your own home? _____ Monthly payments, if any \$ _____

15. Are you under a physician's care? _____

If answer is "yes", state amount for doctor \$ _____ (MONTHLY)

For medicine \$ _____ (MONTHLY)

(NOTE: It is the duty of the Committee of Investigation to check with the State Welfare Office to be sure that any contribution by the Grand Lodge will not affect the amount of State aid.)

16. Estimated amount required per month for living expenses \$ _____

Further remarks for the information and guidance of the Lodge and Committees and Trustees of the Masonic Home: _____

I hereby declare and aver upon my honor that all of the foregoing statements made by me are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

CONTRACT

IN CONSIDERATION of financial aid if and when given to me by the Board of Trustees of the Masonic Home of The State of Florida, the undersigned _____ (NAME IN FULL)

hereby agrees:

1. That the said Trustees of the Masonic Home are not bound to continue payment of the amount to me but may reduce the sum or discontinue all payments at their discretion.
2. To keep in touch with the Officers of the heretofore mentioned Lodge, seeking their advice on matters in which they can aid me; and at any time give full information regarding myself and give any other information desired.
3. Not to change my place of residence without advising the Lodge and to inform them of any change in my circumstances.
4. If the opportunity should present itself to earn anything for the support of myself, I shall take advantage of it and so advise the Lodge.
5. I further agree, upon improvement of my financial condition by any reason or from any source whatsoever, to reimburse the Board of Trustees of the Masonic Home for such monies as it may advance me. I further agree that I will execute and deliver to the Board of Trustees any and all instruments and documents that they may require of me to secure the repayment of any monies so advanced, and I agree herewith that such monies so advanced shall constitute a first lien and/or claim against my estate.

I FURTHER AGREE, to abide by all the rules and regulations of the Masonic Home of the State of Florida, pertaining to Non-Resident Relief.

SIGNATURE OF APPLICANT

Witnesses:

ADDRESS OF APPLICANT IN FULL

REPORT OF COMMITTEE OF INVESTIGATION

We, the undersigned Committee of Investigation of the aforesaid Lodge, do hereby certify that:

1. We have _____ visited the applicant.
2. That it has _____ been established to our satisfaction that there are no relatives able to support said applicant.
3. That we have inquired into such matters and things relative to the welfare of said applicant.
4. That the foregoing statements were recorded by us and signed in our presence.
5. That, prior to the applicant signing the foregoing Contract, we advised _____
(HIM OR HER)

fully as to Section 7.08 of the Masonic Home Rules and Regulations, which provides as follows:

7.08(a) Worthy applicants for non-resident relief are not always destitute. It is the duty of this Board to recover, if possible, the monies granted for non-resident relief, so that it might be available for those less fortunate.

(b) When the applicant for non-resident relief owns real property or other valuable assets, the Board shall have the authority to require of the applicant security for the repayment of the monies granted. The Board shall exercise this authority upon Masonic principles of right and justice, and shall have full discretion as to the requirement thereof, and the method, procedure, time, etc., in the administration of same.

6. We believe assistance in the amount of \$ _____ per month is necessary to maintain the applicant in present home.

COMMITTEE MEMBERS

LODGE RESOLUTION

At the Stated Meeting of _____ Lodge No. _____
Free and Accepted Masons, held at _____ Florida, on the _____
day of _____ A.D. 19 _____ the following preambles and resolutions were adopted.

WHEREAS, This Lodge is making application to the Board of Trustees of the Masonic Home of the State of Florida for financial aid for _____
(NAME IN FULL)
or Mrs. _____ who is the _____ of Brother
(NAME IN FULL) (WIFE, WIDOW)
_____ a member of this Lodge who, at the time of his de-
(NAME IN FULL)
cease, or is, a member in good standing of this Lodge; and

WHEREAS, From our knowledge of the applicant's circumstances and conditions, and from an investigation which has been made, we believe that the application is worthy () not worthy () of being granted, THEREFORE

BE IT RESOLVED, That this Lodge recommends that assistance be granted from Non-Resident Relief Fund to the extent of \$ _____ per month; and further

BE IT RESOLVED, that this Lodge agrees to keep an oversight of the applicant, and on the first days of June and December, will make a detailed report to the Board of Trustees, of the disbursements of the combined funds and to certify whether the necessity for assistance still exists; and also to promptly inform the Board of Trustees should circumstances make it advisable to diminish the amount granted.

WORSHIPFUL MASTER

(SEAL)

(Certified from the minutes, with seal affixed)

ATTEST: _____ Secretary

Please complete the following:

MASONIC RECORD
(To be completed by the Secretary of the Lodge)

Applicant, Brother _____ Date of Birth _____
Mrs. _____ who is the wife, widow of
Brother _____ Date of Raising _____

If affiliated, give date of affiliation _____ From Lodge No. _____
at _____ . Still living _____ Date if and when deceased _____

_____ Furnish full record as to affiliation, suspension or
expulsion, giving dates and date of restoration:

Has Lodge ever rendered financial assistance to the applicant? _____ If so, give amount
and for what years _____

Secretary _____ Lodge No. _____

DISTRICT DEPUTY GRAND MASTER'S CERTIFICATE

I HEREBY CERTIFY, that the foregoing application has been carefully investigated and fully consid-
ered by me; That I have interviewed the officers of the Lodge, also the applicant, and recommend that
application be _____ approved. (Detailed report attached.)

DISTRICT DEPUTY GRAND MASTER

Date _____ 19 _____ District No. _____

NOTE: As per Rules and Regulations of the Masonic Home, a detailed report on the investigation of the
District Deputy Grand Master must accompany the application on D.D.G.M. letterhead.

The Board of Trustees of the Masonic Home rely upon the District Deputy Grand Master to disclose any
information which, if he were a member of the Committee, he would feel it incumbent upon him to com-
municate to his brethren of the Committee.

**NON-RESIDENT RELIEF
INVENTORY STATEMENT**

NAME OF APPLICANT: _____ DATE OF BIRTH _____

DATE GRANTED RELIEF _____

Sponsored By: _____ (Lodge/Chapter) No. _____

This inventory as of the month of _____, 19 _____.

EXPENSES:

Food	\$	_____	mo.
Clothing	\$	_____	
Medicines & Drugs	\$	_____	
Rent	\$	_____	
Nurses	\$	_____	
Doctors	\$	_____	
Mortgages Payments, Real Estate	\$	_____	
Mortgage Payments, Car, Furni- ture, other Mortgage Payments	\$	_____	
	\$	_____	
	\$	_____	
Insurance	\$	_____	
Fuel (heating)	\$	_____	

TOTAL EXPENSES PER MONTH _____ \$ _____

MONEYS RECEIVED:

Non-Resident Relief Check	\$	_____
State Aid	\$	_____
Social Security	\$	_____
Retirement Income	\$	_____
Annuities	\$	_____
Family Sources	\$	_____
Rental Income	\$	_____
Veterans Pension	\$	_____

TOTAL RECEIPTS PER MONTH _____ \$ _____

AMOUNT REQUIRED BY NECESSITY PER MONTH \$ _____

This to certify that the above information is verified by the following Committee of _____
 _____ Lodge No. _____ at _____, _____
 _____:

 , Committee

 , Committee

 , Committee

OR
 Verified by _____, D. D. G. M.
 District No. _____ at _____,

Remarks: _____

