

TO THE BOARD OF GENERAL PURPOSES

Application for Benevolence

THE GRAND LODGE F. & A. M. of NEW BRUNSWICK

READ CAREFULLY PRINT PLAINLY INSERT "X" IN PROPER BOXES

1. FAMILY OR LAST NAME	CHRISTIAN OR FIRST NAMES	AGE—YEARS
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2. PRESENT ADDRESS	CITY—TOWN—VILLAGE—RURAL MUNICIPALITY
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3. MASTER MASON IN GOOD STANDING OF (OR ON BEHALF OF)	RANK IS OR WAS
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4. PREVIOUS APPLICATION MADE YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" WHEN
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5. MY OCCUPATION IS OR WAS	MARRIED — SINGLE — WIDOWER — WIDOW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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6. NAME OF MY WIFE (HUSBAND)	AGE	HEALTH IS GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/>	ADDRESS
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7. SURVIVING CHILDREN ARE					
NAME	AGE	M OR S	RESIDENCE	OCCUPATION	HEALTH

8. NEAREST RELATIVE OTHER THAN CHILDREN	RELATIONSHIP
NAME	ADDRESS

9. PARTICULARS OF PERSONS RESIDING IN HOUSEHOLD (OTHER THAN SURVIVING CHILDREN)							
NAME	RELATION TO APPL.	AGE	SING/DATE MARRIED	OCCUP. OR SCHOOL	MONTHLY INCOME	MO. CONTR. TO HOUSEHOLD	HEALTH

10. ASSETS OF APPLICANT AND SPOUSE -

RESOURCES OR ASSETS ARE

	RESOURCES OR ASSETS ARE		IN WHOSE NAME	NAME OF BANK OR COMPANY	AMOUNT	YEARLY INCOME
	YES	NO				
BANK ACCOUNTS	<input type="checkbox"/>	<input type="checkbox"/>				
GOV'T. BONDS	<input type="checkbox"/>	<input type="checkbox"/>				
OTHER BONDS	<input type="checkbox"/>	<input type="checkbox"/>				
ANNUITIES	<input type="checkbox"/>	<input type="checkbox"/>				
LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>				
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>				

11. PARTICULARS OF ANY REAL ESTATE OR BUSINESS OWNED BY APPLICANT AND/OR SPOUSE

NAME(S) OR REGISTERED OWNER	LOCATION	DESCRIPTION	COST PRICE	CURRENT VALUE	AMT. OF MORG. OR LOAN	IF PRIVATE DWELLING STATE NO OF ROOMS

12. IF APPLICANT RENTS HOUSING ACCOMMODATION - GIVE DETAILS

LANDLORD _____ NAME AND ADDRESS _____ RELATIONSHIP TO APPLICANT _____

NUMBER OF ROOMS OCCUPIED	MONTHLY RENTAL	DOES LANDLORD INCLUDE IN RENTAL--				KIND OF HEATING
		HEAT	GAS	WATER	ELECTRIC	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DURING THE PAST TWELVE MONTHS, HAVE RECEIVED THE FOLLOWING ASSISTANCE:

13. FROM	FROM
GRAND LODGE \$	LODGE NO. \$
INDIVIDUAL BRETHERN \$	MY CHILDREN \$
INSURANCE \$	WORKER'S COMPENSATION \$
OLD AGE SECURITY PENSION INCLUDING SUPPLEMENT \$	UNEMPLOYMENT INSURANCE \$
CANADA PENSION PLAN \$	SOCIAL SERVICES \$
OTHER SOURCES (SPECIFY) \$	\$

14. IF UNEMPLOYED, STATE REASON FOR LEAVING LAST EMPLOYMENT

18.

TO BE COMPLETED BY THE LODGE

THE LODGE HAS MADE, OR IS PREPARED TO MAKE, A GRANT IN THIS CASE OF \$ _____

THE LODGE HAS PAID OUT IN ASSISTANCE IN ALL OTHER CASES IN THE PAST TWELVE MONTHS \$ _____

GRAND LODGE GRANTS TO A BROTHER, OR TO RELATIVES OF A DECEASED BROTHER, ARE TO BE CONSIDERED AS SUPPLEMENTARY AID TO THAT GIVEN BY THE LODGE OR LOCAL BOARD OF RELIEF RECOMMENDING THE APPLICATION.

APPLICATIONS FOR BENEVOLENCE ARE TO BE SENT TO THE GRAND SECRETARY:
P. O. BOX 6430, SAINT JOHN, N.B. E2L 4R8

19.

CERTIFICATE OF CORRECTNESS

WE _____ W.M., OF _____ LODGE, NO. _____

MEETING AT _____ AND _____ SECRETARY

HEREBY CERTIFY THAT WE HAVE PERSONALLY ENQUIRED INTO THE TRUTH OF THE STATEMENTS IN THE ABOVE APPLICATION, THAT THE STATEMENTS MADE ARE TRUE IN SUBSTANCE AND IN FACT, AND THAT THE APPLICANT IS OF GOOD MORAL CHARACTER AND WORTHY OF ASSISTANCE.

GIVEN UNDER OUR HANDS AND THE SEAL OF THE LODGE THIS _____ DAY OF _____ A.D. 19 _____

W. M.

SEAL

SECRETARY

20.

(FOR GRAND LODGE USE ONLY)

Lodge No. _____ Application No. _____ 19 _____ Received on _____ 19 _____

On Behalf of _____

ADDITIONAL INFORMATION REQUIRED

DECLINED

APPROVED

A Grant of \$ _____ Payable through _____

COMMITTEE:-

_____ 19 _____

_____ 19 _____

_____ 19 _____

_____ 19 _____

COMMITTEE:-

_____ 19 _____

_____ 19 _____

_____ 19 _____

_____ 19 _____