

## Benevolent Fraternal Assistance Application

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1. Applicant name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alt. Contact # (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Current Age: \_\_\_\_ Marital Status: \_\_\_\_\_ Number of dependents \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_ (if married include spouse's income)

Sources of Income: \_\_\_\_\_

2. Circumstances necessitating need for assistance. (Use additional sheet to provide history and include bills if applicable).

Amount of Assistance needed: \$ \_\_\_\_\_ Non-financial needs: \_\_\_\_\_

3. Membership Information: Date initiated: \_\_\_\_\_ Chapter & location; \_\_\_\_\_

Current Chapter name & number: \_\_\_\_\_

Plural Member: (Yes/No) \_\_\_\_\_ Chapter & Number: \_\_\_\_\_

Relationship (if not a member): \_\_\_\_\_

4. Has applicant received assistance from sponsoring or other chapter(s)? \_\_\_\_\_

If yes, give nature of assistance or if no, state reason: \_\_\_\_\_  
\_\_\_\_\_

5. Other sources, as applicable:

Medicare/Medicaid (Y/N): \_\_\_\_ Amount, if none, state reason: \_\_\_\_\_

Private Health Insurance (Y/N): \_\_\_\_ Amount, if none, state reason: \_\_\_\_\_

Property Insurance (Y/N): \_\_\_\_ Amount, if none, state reason: \_\_\_\_\_

Automobile Insurance (Y/N): \_\_\_\_ Amount, if none, state reason: \_\_\_\_\_

Outreach (Y/N): \_\_\_\_ Amount, if none, state reason: \_\_\_\_\_

Other: \_\_\_\_\_

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Relief Committee Recommendation (Y/N): \_\_\_\_\_ Date of meeting: \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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Sponsoring Chapter name and mailing address: \_\_\_\_\_

\_\_\_\_\_

Worthy Matron Signature: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Attested by Secretary: \_\_\_\_\_

(affix chapter seal)

Do not write below this line.

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Governing Board Action: Approval (Y/N): \_\_\_\_\_ If yes, Amount: \_\_\_\_\_

Governing Board Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Worthy Grand Matron Notified: \_\_\_\_\_ Date: \_\_\_\_\_