

Application for Financial Assistance
Wisconsin Board of Masonic Service and Assistance

Applicant's Legal Name: _____ Date of Birth: _____

Spouse/Partner/Co-Resident Name: _____ Date of Birth: _____

List all your dependents: _____

Address: _____ Email: _____

Phone #'s: Home _____ Work _____ Cell _____

Reason you are applying for assistance:

Are you employed? If so, Employer: _____

Are you receiving Disability Payments? Yes/No: _____ List amount on income page.

Have you been hospitalized with the past two months? Yes/No: _____

If yes, dates: From _____ To _____ Place _____

Are you a Veteran? Yes/No: _____ *Thank you for your service to all Veterans!!*

If Yes, are you eligible for health benefits? Yes/No: _____

Masonic Affiliation / Lodge #: _____

Has your Lodge provided any financial assistance to you? Yes/No: _____

Did you receive help in completing this application? Yes/No: _____

If so, by whom? _____ Phone #: _____

By signing this application, I certify that all the answers given on this application are true to the best of my knowledge.

Signature: _____ Date: _____