



# MASONIC CHARITIES

*of* PENNSYLVANIA

Application #: \_\_\_\_\_

Issued Date: \_\_\_\_\_

## MASONIC OUTREACH APPLICATION

(Completed by Outreach Office)

Name of Applicant: \_\_\_\_\_

Name of PA Mason: \_\_\_\_\_

Applicant's Relationship to PA Mason: \_\_\_\_\_

Name & Number of Lodge: \_\_\_\_\_

City Lodge is Located: \_\_\_\_\_

District: \_\_\_\_\_ Region: \_\_\_\_\_ Initiation Date: \_\_\_\_\_

Other Masonic Memberships of PA Mason (e.g. Scottish Rite, York Rite, Shrine, etc. \_\_\_\_\_

\_\_\_\_\_

### APPLICANT PERSONAL INFORMATION

|  |             |         |           |                |
|--|-------------|---------|-----------|----------------|
| Applicant's last name:   | First:      | Middle: | Age:      | Date of Birth: |
| Spouse's last name:  | First:      | Middle: | Age:      | Date of Birth: |
| Street address:  | City:       | State:  | Zip code: |                |
| Home phone #:  | Work phone# | Cell #: | Other #:  |                |
| E-mail Address:  |             |         |           |                |
| At your home address, do you:<br><input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with a family member |             |         |           |                |
| Marital Status (choose one):<br>Single Married Divorced Separated Widowed  |             |         |           |                |

What is the reason you are applying for financial assistance?

Applicant's employment:

Employer:

Occupation:

Employer phone #:

Dates employed:

From:

to:

If retired, provide retirement date OR if unemployed, why are you no longer working for this employer?

Spouse's employment records:

Employer:

Occupation:

Employer phone #:

Dates employed:

From:

to:

If spouse is retired, provide retirement date OR if unemployed, why they are no longer working for this employer?

Please list anyone else who resides in your household:



**PLEASE READ THE FOLLOWING STATEMENT PRIOR TO COMPLETING THIS APPLICATION**

**LISTED ITEMS FOR ASSETS, INCOME, EXPENSES, AND LIABILITIES REQUIRE SUPPORTING DOCUMENTATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. IF YOU REQUIRE ASSISTANCE COMPLETING THIS APPLICATION, PLEASE CALL 800-462-7664 or 717-361-5080**

| FINANCIAL SECTION (ASSETS)   |    |                               |
|--|----|-------------------------------|
| Cash on Hand   | \$ | <input type="checkbox"/> None |
| Checking   | \$ | <input type="checkbox"/> None |
| Savings  | \$ | <input type="checkbox"/> None |
| Money Market   | \$ | <input type="checkbox"/> None |
| Certificate of Deposit(s)  | \$ | <input type="checkbox"/> None |
| US Savings Bond (s)  | \$ | <input type="checkbox"/> None |
| Stock(s)   | \$ | <input type="checkbox"/> None |
| Bond(s)  | \$ | <input type="checkbox"/> None |
| Mutual Fund(s)   | \$ | <input type="checkbox"/> None |
| Annuities  | \$ | <input type="checkbox"/> None |
| Christmas Club(s) and/or Vacation Club(s)                          | \$ | <input type="checkbox"/> None |
| Trust Accounts / Special Needs Trusts                              | \$ | <input type="checkbox"/> None |
| IRA or other retirement plan                                       | \$ | <input type="checkbox"/> None |
| If there are any other assets not listed above, please list below: |    |                               |

| MONTHLY INCOME                     |                |                           |                |
|------------------------------------|----------------|---------------------------|----------------|
| Social Security –Self              | \$             |                           |                |
| Social Security - Spouse           | \$             |                           |                |
| Social Security Disability         | \$             |                           |                |
| Social Security Supplemental (SSI) | \$             |                           |                |
| RR Retirement - Self               | \$             |                           |                |
| RR Retirement - Spouse             | \$             |                           |                |
| Black Lung                         | \$             |                           |                |
| State Pension                      | \$             |                           |                |
| Civil Service Pension              | \$             |                           |                |
| Veterans Pension                   | \$             |                           |                |
| Salary – Self                      | \$             |                           |                |
| Salary - Spouse                    | \$             |                           |                |
| Annuity or IRA Income              | \$             |                           |                |
| Unemployment Comp.                 | \$             |                           |                |
| Worker’s Compensation              | \$             |                           |                |
| Child Support                      | \$             |                           |                |
| Cash/Public Assistance             | \$             |                           |                |
| Food Stamps                        | \$             |                           |                |
| Other Income                       | \$             |                           |                |
| <b>Total Monthly Income</b>        | \$             |                           |                |
| MONTHLY EXPENSES                   |                |                           |                |
| Expense                            | Monthly Amount | Expense                   | Monthly Amount |
| Cable                              |                | Auto Insurance            |                |
| Electric                           |                | Auto Exp(gas/maintenance) |                |
| Homeowners/Renters Ins.            |                | Auto Payment              |                |
| Rent/Mortgage                      |                | Prescriptions             |                |
| Oil/Natural Gas                    |                | Health Insurance          |                |
| Property Taxes                     |                | Life Insurance            |                |
| Telephone                          |                | Credit Card               |                |
| Cell Phone                         |                | Credit Card               |                |
| Internet Access                    |                | Credit Card               |                |
| Water                              |                | Credit Card               |                |
| Sewer                              |                | Other Expenses            |                |
| Trash Removal                      |                | Other Expenses            |                |
| Groceries                          |                | Other Expenses            |                |
| <b>Total Monthly Expenses</b>      |                | \$                        |                |

|  |                      |   |                               |
|--|----------------------|---|-------------------------------|
| <b>Motor Vehicles:</b>   |                      |   | <input type="checkbox"/> None |
| Year/make/model:   | Auto loan Balance \$ | Monthly Payment \$  |                               |
| Year/make/model:   | Auto loan Balance \$ | Monthly Payment \$  |                               |
| <b>Real Estate:</b> <input type="checkbox"/> Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condominium <input type="checkbox"/> Rental Property <input type="checkbox"/> None |                      |   |                               |
| Address:   |                      | Names on deed:  |                               |
| Mortgage balance:    \$  |                      | Appraised Value:    \$  |                               |
| Interest Rate:   | Term of loan:        | Monthly payment \$  |                               |
| If you have a Reverse Mortgage, please provide Demand Payoff Amount    \$  |                      |   |                               |
| <b>Life Insurance Policies:</b>  |                      |   | <input type="checkbox"/> None |
| Policy owner:  |                      | Company Name:   |                               |
| Type of policy: <input type="checkbox"/> Term <input type="checkbox"/> Whole life <input type="checkbox"/> Group   |                      | Is policy paid up? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |
| Face value:    \$  |                      | Cash Value:    \$   |                               |
| Policy owner:  |                      | Company Name:   |                               |
| Type of policy: <input type="checkbox"/> Term <input type="checkbox"/> Whole life <input type="checkbox"/> Group   |                      | Is policy paid up? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |
| Face value:    \$  |                      | Cash Value:    \$   |                               |

## LIABILITIES

|  |  |  |                               |
|--|--|--|-------------------------------|
| <b>Liabilities</b>   |  |  | <input type="checkbox"/> None |
| List all liabilities including credit cards, nursing home or hospital bills, loans, mortgages and medical bills. If more space is needed; use the extra sheet at the back of the Outreach Application. |  |  |                               |
| Person/organization owed:  |  | Are you making monthly payments?                         |                               |
|  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |
| Amount owed?   | Monthly Payment \$                                       | Interest rate:   |                               |
| Person/organization owed:  | Are you making monthly payments?                         |  |                               |
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                               |
| Amount owed?   | Monthly Payment \$                                       | Interest rate:   |                               |
| Person/organization owed:  | Are you making monthly payments?                         |  |                               |
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                               |
| Amount owed?   | Monthly Payment \$                                       | Interest rate:   |                               |

## ACKNOWLEDGEMENT & RELEASE FORM

I/we certify that the information on this Outreach Application is true and correct to the best of my/our knowledge. I/we have not omitted any important information regarding accounts, liens, and/or obligations. I/we understand that this information will be used in making a decision regarding the charitable services and benefits available to me/us. I/we authorize administrators of the Outreach program to obtain credit reports (2) and/or contact third parties to verify this information.

|                    |                       |
|--------------------|-----------------------|
| _____<br>Applicant | _____<br>Co-applicant |
| _____<br>Witness   | _____<br>Date         |

Applicant

Co-applicant

---

Witness \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: Omission of requested information, may delay the processing of your Outreach Application. Please check that you have completed your application entirely.**

If this Outreach Application was completed by someone other than the applicant, complete below.

Name:

Name: \_\_\_\_\_

Address:

Telephone #:

Relationship:

[illegible][illegible]

# OFFICE OF MASONIC OUTREACH AND MEMBER SERVICES

We are here to answer questions and help identify and coordinate the programs and services available to Pennsylvania Masons and their loved ones.

A Pennsylvania Mason with 5 years of membership, their wife or widow, may apply for Outreach support. Download this application, complete it and mail to:

Nick Mahler, Vice President of Mission Advancement & Development,  
Masonic Charities, 1 Masonic Drive, Elizabethtown, PA 17022

Nick Mahler, Director 1-800-462-7664 • [outreach@pagrandlodge.org](mailto:outreach@pagrandlodge.org)

## ABOUT OUTREACH

Individuals and families throughout the United States seeking information, direction and education can find the assistance they need through the Outreach Program. If you or someone you know needs help, contact us today.

The majority of our services are available to everyone in the community; however, the Outreach Program has designated the following services for Pennsylvania Freemasons and loved ones:

### HOME ASSISTANCE

Financial assistance may be available to Pennsylvania Freemasons and their loved ones. Whatever the need, staff will work closely with you to determine exactly which service is most appropriate. Call the Outreach Program for more information.

### PANEL OF ATTORNEYS

Distressed brethren, their spouses and widows, who are unable to retain legal counsel, can contact the Outreach Program for a list of attorneys who volunteer their time and may be available to give direction. Attorneys on the panel may also be able to assist individuals needing legal advice who have the ability to retain counsel.

### FINANCE PANEL

Pennsylvania Masons and their loved ones who are in need of developing or improving budget skills can work with members of the finance panel. All panel members, who have volunteered to share their time and talents, have a professional background in the financial field.