

REQUEST FOR MASONIC RELIEF

A. Demographic Information To Be Filled Out By The Applicant

01. APPLICANT:		ID No.: 11- <input type="text"/> <input type="text"/> <input type="text"/>
02. ADDRESS:		
03. HOME PHONE:	04. CELL PHONE:	05. OTHER:
06. MEMBER - MASONIC ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		07. BLUE LODGE:
08. OTHER MASONIC ORGANIZATIONS:		
09. OTHER ORGANIZATIONS:		

B. Household Composition and Current Monthly Income/Support

NAME	AGE	EMPLOYER	MONTHLY GROSS(\$)
10. APPLICANT: <i>As Named Above</i>			
11. HOUSEHOLD LIVING WITH THE APPLICANT	AGE	RELATIONSHIP TO APPLICANT	IN SCHOOL/EMPLOYED? INCOME/SUPPORT (\$)
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
12. TOTAL HOUSEHOLD INCOME			

C. Current Emergent Conditions, if any?

13. Do you and your family have enough food for the next 7 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Are your housing needs compromised (by eviction or foreclosure, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Any household member with chronic medical condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Others:	

D. Identify your household monthly expense.

17. EXPENSES	MONTHLY COST
18. TOTAL MONTHLY EXPENSES	

E. List resources/organizations you have approached - to help with your current needs?

19. I have not used any. Pls. explain why not?	
20. I have used the following during the last 6 months:	
<input type="checkbox"/> Personal loans from friends and family	<input type="checkbox"/> Unemployment/Savings/Home Equity
<input type="checkbox"/> DSHS for medical assistance	<input type="checkbox"/> Local church/synagogue/mosque
<input type="checkbox"/> Other Social Services Agencies (e.g. Hopelink, Salvation Army, food bank, etc.)	
<input type="checkbox"/> Others	

