

# MASONIC WIDOWS & ORPHANS OF TENNESSEE FUND

GRAND LODGE BUILDING  
100 7<sup>TH</sup> AVENUE NORTH SUITE 1  
NASHVILLE, TN. 37203  
Telephone 615-254-2300

All financial information is used by The Board of Control to determine the eligibility of each applicant.

**All information must be completed. If additional space is needed, please attach separate sheet to this form.**

## MONTHLY EXPENSES

### **HOUSING:**

Rent or House Payment \_\_\_\_\_  
Electric \_\_\_\_\_  
Gas, Propane or other Heating \_\_\_\_\_  
Water & Sewer (if not included in rent) \_\_\_\_\_  
Property Tax (if not in payment) \_\_\_\_\_  
Property Insurance (if not in payment) \_\_\_\_\_  
Other \_\_\_\_\_

### **PERSONAL**

Grocery & Food \_\_\_\_\_  
Other household and hygiene items \_\_\_\_\_  
Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Cable & Internet \_\_\_\_\_  
Medical Insurance (not Medicare) \_\_\_\_\_  
Life or Burial Policy \_\_\_\_\_  
Alimony or Child Support \_\_\_\_\_  
Other \_\_\_\_\_

### **TRANSPORTATION**

Monthly Auto Gas Expense \_\_\_\_\_  
Auto Insurance(month, quarterly, semi or annual) \_\_\_\_\_

List All Vehicles You Own (Cars, Trucks, Boats, Motorcycles,RVs)

Make & Model	Yr.	Value	Payoff	Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of person filling out this form. If not applicable, state relationship

**Phone#** \_\_\_\_\_

### **MONTHLY INCOME**

Working Full or Part-time Yes No  
If working how much do you clear monthly \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Social Security (check amount after Medicare) \_\_\_\_\_  
Disability Benefits \_\_\_\_\_  
Unemployment \_\_\_\_\_  
Pension or Retirement \_\_\_\_\_  
Public Assistance (welfare, SSI) \_\_\_\_\_  
Food Stamps EBT \_\_\_\_\_  
Child Support or Alimony \_\_\_\_\_  
All other income sources \_\_\_\_\_  
Are You On Medicaid Yes \_\_\_\_\_ No \_\_\_\_\_

### **ASSETS**

Home Value \_\_\_\_\_ Payoff \_\_\_\_\_  
List other houses, lots, farm or land.  
\_\_\_\_\_ Value \_\_\_\_\_  
Amount in Checking \_\_\_\_\_  
Amount in Savings \_\_\_\_\_  
Investments: Bonds, CD, Stocks \_\_\_\_\_  
Other Assets \_\_\_\_\_

### **Liabilities**

**List all Credit Cards, Bank and Finance Company Accounts**  
Issuing Bank or Company \_\_\_\_\_ Amount Owed \_\_\_\_\_ Payment \_\_\_\_\_

**Delinquent or Past Due Bills (utilities, medical, credit, etc.)**

Name	Amount
_____	_____
_____	_____
_____	_____

List all persons living in household and relationship