

MASON'S ASSISTANCE APPLICATION

Must be fill in with ink. A full and explicit answer to each question required.

_____ Date

Telephone No. () _____

Name _____

First Middle Last

A Master Mason in good standing, a member of _____ Lodge No. _____

Located at _____ County of _____, Tennessee

Date of Birth _____ Place _____

Name of Wife _____ Date of Birth _____

First Middle Last

Present address _____ Zip Code No. _____

List Name and Telephone number of someone to contact in case you cannot be reached.

_____ Telephone No. () _____

Have you ever been demitted, suspended, expelled from Masonry? If so when, what Lodge and give details _____

How long have you been a member of the Lodge you now are affiliated with? _____

Present occupation _____

Do you own any property? If so give full description, location, value _____

Is it encumbered? _____ Amount _____ Do you have life insurance? _____

How much? _____ Who is the beneficiary? _____

Do you have burial insurance? _____ What Company? _____

Have you transferred any property to anyone in the last several years? _____

If so, to whom and what was the value? _____

What is your present means of support? Answer fully _____

Do you receive Social Security or disability? _____ What amount _____ Have you made application for Assistance

to State or Federal? _____ Are you receiving state aid (food stamps, Medicaid) _____ What amount \$ _____ Is your wife

living? _____ If yes does she work or have income? _____ If yes from where and monthly amount _____

If no why is she unable to work. _____

Have you any children? Give names, address, age, etc.

Name _____ Address _____

Age _____ Are they able to assistance in your support. _____ If no why? _____

Name _____ Address _____

Age _____ Are they able to assistance in your support. _____ If no why? _____

Name _____ Address _____

Age _____ Are they able to assistance in your support. _____ If no why? _____

Why are you unable to make a living? _____

What is your general health condition? _____

The Board of Control Reserves the Right to withdraw assistance at any time.
