



Est. 1899

Colorado Masons Benevolent Fund Association

RRESMRC

2445 South Quebec Street,
Denver, Colorado. 80231-6036
cmbfa@coloradofreemasons.org
Facsimile (303) 339-0918

Date ____/____/____

CMBFA Case # _____

Application for Assistance

To be prepared and submitted by the Lodge

To the Trustees:

The members of _____ Lodge # _____ A.F. & A.M., being without the funds and unable to contribute all that is necessary and believing it to be a proper use of Masonic benevolence, makes application for assistance. **Please note that all questions must be fully answered.**

1.] Name of person needing assistance _____

Address _____

Age ____ Date of Birth _____ Marital Status _____ Social Security # _____

2.] Nature and probable duration of distress _____

3.] Relation of applicant to member of the Lodge [**Self, wife, widow, mother, etc.**] _____

4.] Name of Lodge member [**If different from question # 1**] _____

Address _____ Age _____

5.] Date raised ____/____/____ Date affiliated ____/____/____ If deceased, date of death ____/____/____

6.] Names, ages, City and State of residence of all children, wife or widow _____

7.] Are there any relatives who can help? Yes () No () _____

8.] Does your Lodge have an assistance fund? Yes () No () What help can your Lodge offer to this case? _____

9.]

Lodge Secretary details

Worshipful Master details

Print name

Street address

City, State. Zip

Email / Fax #

Telephone #

10.] Name _____ Case # _____

11.] Itemize bank accounts, retirement savings

Bank accounts including savings _____

Life insurance _____

12.] List all debts; including medical bills, credit card balances, loans and judgments

Medical _____

Credit card _____

Loans _____

Judgments _____

13.] List all regular expenses

(a) Mortgage payment _____

(b) Rent _____

(c) Food and household supplies _____

(d) Clothing _____

(e) Insurance [State Kind] _____

(f) Medical and dental _____

(g) Auto _____

(h) Gas and Electricity _____

(i) Telephone _____

(j) Other _____

(k) _____

(l) _____

(m) Total monthly expense \$ _____

14.] List all income

(a) Social Security _____

R.R. Retirement _____

Pension _____

Vet's Adm. _____

Other [Unemployment, workman's comp., etc.] _____

Describe _____

(f) _____

(g) _____

(h) _____

(i) _____

(j) _____

(k) _____

(l) _____

(m) Total monthly income \$ _____

15.] Client Print Name _____ Client Sign _____

16.] Please state specifically the help your Lodge requests from the Fund, example; [one lump sum payment for (purpose)] _____
_____ ; monthly payments of \$ _____ per month for _____ months, etc.

17.] Please attach a letter outlining the Lodge's investigation of this case, relief requested, whether you believe this to be a permanent or temporary case and any additional information that will help the Broad in reaching a decision on this case.

18.] **Important:** Read the following statement carefully before signing. The Lodge making application agrees to attend to all details of this case, to keep in touch with the beneficiaries as to their continued needs and eligibility, and to see that all funds are carefully and properly distributed. The Lodge agrees to respond promptly to all correspondence from the Association regarding this case.