

**APPLICATION FOR ASSISTANCE
ORDER OF THE EASTERN STAR HOME FUND
FOUNDATION AND BENEVOLENT FUND OF UTAH
(Revised 2019)**

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Date of Birth _____

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Number of Children living at home _____ Ages of Children _____

Others who live with you _____

Chapter Name _____ Initiation Date _____ Affiliation Date _____

What aid can/does your Chapter offer? _____

Assistance available through Community or State Social Services (SSI, Medicaid, Reach, FEMA, etc.) _____

How much do/will they assist? _____

Have you applied for such assistance? _____ If so, when _____

Are you receiving financial aid from any other source? Yes _____ No _____

If Yes, please explain. Amount \$ _____ Weekly ___ Monthly ___ Other ___

Income Received From:

Social Security (Monthly) _____
 Pension/Annuities _____
 Alimony _____
 Child Support _____
 Savings _____
 Employment _____
 Interest and/or Dividends _____
 Employment of Spouse or
 Or other who lives with you _____
 Other Sources of Income
 (Rentals /Leases) _____

Monthly Expenses:

Rent/Mortgage _____
 Heating _____
 Electricity _____
 Phone (basic) _____
 Water and/or Sewer _____
 Real Estate Taxes _____
 Food _____
 Insurance-Medical _____
 Clothing _____
 Medical Expenses-
 Drugs, Other _____
 Other (explain) _____

TOTAL INCOME: _____

TOTAL EXPENSES _____

Amount of assistance requested _____

Is this amount for actual living expenses? Yes _____ No _____

If no, please explain _____

Please give a brief history of your case and the assistance you have requested. List any information you feel is important to your application. Use additional pages if necessary. Feel free to enclose any documentation, including bills, which you believe will help the Board of Trustees make an informed decision on your request.

The information in this application is confidential. It is available only for the consideration of the members of the Board of Trustees of the Eastern Star Home Fund and Benevolent Fund of Utah. Only the president and secretary have access to your application, no other Board Members will know the name on the application, only the

I certify that all facts on this application are true, to the best of my knowledge.

(Sign)

(Date)

Send completed application to: Paul Wordleman
398 Paul Ave.
Layton, UT 84041

ENCLOSURE FOR APPLICATION

Verbal communications may be misinterpreted, therefore, the following is included with your application:

Home Fund Board Procedure

Procedures which the Board of Trustees is compelled by law to follow

1. Applications must be presented to and discussed by a quorum of the Board of Trustees.
2. No assistance can be approved until the application, as presented or any portion therefore, is approved by a majority vote of the Board of Trustees.
3. Emergency meetings may be called when needed for immediate action.
4. As determined by the Board of Trustees, an emergency meeting may be called for the following reasons:
 - a. Possible aid for injuries due to an accident.
 - b. Emergency medical necessities. Emergency being defined as an unforeseen combination of circumstances or the resulting state that calls for immediate action.
 - c. Natural disasters, such as fire, wind, flood and earthquake damage to a place of residence.
 - d. Eviction from residence.
 - e. A structural condition in a home which endangers the well-being of the resident.
 - f. Utility service cancelled.
5. Under the Bylaws of the Corporation, mortgage, car, or insurance payments and home improvements cannot be covered.
6. Requests for major medical or dental assistance and home repairs will not be considered unless a bid or estimate is submitted for prior approval.
7. Verbal request for assistance will not be considered.
8. Applicants must have at least five (5) years of membership in the Order of the Eastern Star. Membership of less than five years may be reviewed in extraordinary circumstances. If unusual circumstances exist, further investigation will be made and reported to the Board of Trustees before action is taken.
9. **Application in and of itself, does not guarantee assistance.**