

**APPLICATION AND RECOMMENDATION**

**TO**

**MASONIC BOYS BENEFIT FUND**

**MASONIC GIRLS BENEFIT FUND**

**MASONIC WELFARE FUND**

**VICTORIA JUBILEE MASONIC BENEVOLENT  
FUND**

## **LODGE PROCEDURAL GUIDANCE**

**It is a basic principle in the provision of assistance from the four funds that all help is provided in the STRICTEST CONFIDENCE. Therefore details of this application, including names and financial details, MUST NOT be discussed in open Lodge.**

**It is recommended that the Almoner completes the application form and at the next Lodge Communication reports to the Lodge using a form of words similar to the following.**

**“Worshipful Master, I have completed an application to seek assistance for a member of the Lodge/Widow of a late member of the Lodge from the (name(s) of Benevolent Institution(s)). I am satisfied that, taking account of the information provided to me, this is an application worthy of the Lodge’s support and would therefore recommend it to the Lodge.**

**If the Lodge are in agreement both myself and the Lodge Secretary will sign the form, the Lodge seal will be affixed and it will then be forwarded to the Provincial/Metropolitan Representative on the Masonic Welfare Fund Committee / Charity Office, Freemasons Hall, Molesworth Street\* (\*delete as appropriate)”**

**SECTION A(1):**

**LODGE RECOMMENDATION**

We, the undersigned, being Worshipful Master, Almoner and Secretary, for the time being of Masonic Lodge No. \_\_\_\_\_ meeting at \_\_\_\_\_ in the Masonic Province of \_\_\_\_\_ hereby certify that Brother \_\_\_\_\_ is/was\* a subscribing member of this Lodge from \_\_\_\_\_ up to \_\_\_\_\_. This application was supported by the Lodge at its meeting on the \_\_\_\_\_ day of \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_.

Signature: \_\_\_\_\_ (Worshipful Master)

Print Name (BLOCK CAPITALS): \_\_\_\_\_

Signature: \_\_\_\_\_ (Almoner)

Print Name (BLOCK CAPITALS): \_\_\_\_\_

Signature: \_\_\_\_\_ (Secretary)

Print Name (BLOCK CAPITALS): \_\_\_\_\_

**\*Delete as appropriate.**

Lodge Seal.

**It is the responsibility of the Lodge Secretary to ensure that all signatures are obtained before sending the application to: Masonic Benevolent Institutions, Freemasons Hall 17/19 Molesworth Street, Dublin 2. (It is recommended that, if you are enclosing certificates with this application, you should send it by Recorded Delivery).**

**Certificates (or copies of Certificates) to be included:**

Applicant's Birth Certificate (VJBF & WF)

Candidate(s) Birth Certificate(s) (Long Form) (MBBF & MGBF)

Marriage Certificate (VJBF, WF, MBBF & MGBF)

Husband's/Father's Death Certificate (when appropriate) (VJBF, MBBF & MGBF)

**SECTION A (2):**

**Provincial / Metropolitan Grand Almoner Recommendation (MGBF,  
MBBF and VJMBF):**

I recommend this application for favourable consideration.

**Signature:** \_\_\_\_\_ (Provincial / Metropolitan Grand  
Almoner or Authorised Signature)

**Print Name (BLOCK CAPITALS):** \_\_\_\_\_

**Date:**.....

**Masonic Province of:**\_\_\_\_\_.

**N. B. If this application also includes an application for assistance from  
the Masonic Welfare Fund it must firstly be sent to the  
Provincial/Metropolitan Representative on Masonic Welfare Fund  
Committee with a request that, once he has completed his action, he  
forward it to the Provincial / Metropolitan Grand Almoner.**

**SECTION B (1):**

**Applicant's Details and Masonic Connection (MWF and/or VJMBF):**

Surname of Applicant:..... First Names:.....

Address:.....  
.....

Date of Birth:..... Tel. No:.....

Occupation:.....

**If applicant is a Widow please provide:**

Husband's name:..... Husband's occupation:.....

Date of Husband's death:.....

**Details of Masonic Connection:**

Name:..... Occupation:.....

Lodge No:..... Meeting Place:.....

Date of Joining:.....



## SECTION C:

ANNUAL FINANCIAL INFORMATION			
INCOME		EXPENDITURE (exclude business expenses)	
	£/€		£/€
<b>Gross Salary – Self</b>		<b>Income Tax</b>	
Gross Salary – Partner		PAYE & PRSI / NIC	
Private Pension – Self			
		<b>Private Dwelling Rent &amp; Rates</b>	
State Pension – Self		Mortgage Payment	
State Pension Partner		Rates	
		Home Insurance	
<b>Other State Benefits Self / Partner</b>			
		Car Insurance	
		Car Tax	
		Life Assurance	
		Life Insurance	
		Medical Insurance	
		Pension Contributions	
<b>Other Benefits</b>		Phone / Mobile	
Masonic Charities		Electricity	
Orphan Support		Home Heating Oil	
Family Contributions		Gas	
		Coal	
<b>Self Employment Income</b>		Health Expenses	
Net Profit per Accounts			
Add Depreciation in accounts		<b>Loans – Other than Business Loans</b>	
		Education	
<b>Unearned Income</b>		Car Payments	
Dividend Income		Home Improvements	
Rental Income		Other – please specify	
Interest Earned			
Redundancy Payments			
<b>Benefit in Kind</b>			
Company Car			
Accommodation			
Other – please specify			
<b>TOTAL INCOME</b>		<b>TOTAL EXPENDITURE</b>	
<b>LESS TOTAL EXPENDITURE</b>			
<b>EXCESS / SHORTFALL</b>			

## SECTION D (1):

ASSETS						
	ASSETS HELD PERSONALLY			ASSETS ON BALANCE SHEET		
	COST / VALUATION	LOAN BALANCE	REPAYMENT 12 MONTH	COST / VALUATION	LOAN BALANCE	REPAYMENT 12 MONTHS
DESCRIPTION OF ASSET	£ / €	£ / €	£ / €	£ / €	£ / €	£ / €
Land						
Private Dwelling						
Business premises						
Other premises						
Plant & Machinery						
Fixtures & Fittings						
Motor Vehicles						
Investments						
Cash in Bank						
Other Asset (please specify)						
<b>TOTAL</b>						

## SECTION D (2): (If application includes more than 2 children, use Section F for the additional children.)

EDUCATIONAL COSTS					
	Description of Expenditure	Name of Student	Boys Fund £ / €	Girls Fund £ / €	
Name of Educational Establishment					
	Fees				
	Fees				
	Uniform				
	Uniform				
	Books				
	Books				
	School Trip				
	School Trip				
	Travel Costs				
	Travel Costs				
	Other – Please specify				
<b>TOTAL EXPENDITURE</b>					
<b>GRANTS RECEIVED – PLEASE SPECIFY</b>					
<b>TOTAL GRANTS</b>					
<b>SHORTFALL</b>					



**SECTION E (1):**

**VISITING BROTHER'S REPORT**

**Masonic Welfare Fund: - Please provide details of:**

**Reason for Application.**

**What is being requested.**

**Estimate of amount required.**

Signature:..... Date:.....

Print Name (BLOCK CAPITALS):.....

Contact No. (daytime).....

**Provincial/Metropolitan Representative on Masonic Welfare Fund**

**Committee:**

Signature:..... Date:.....

Print Name (BLOCK CAPITALS):.....

**SECTION E (2):**

**VISITING BROTHER'S REPORT**

**Victoria Jubilee Masonic Benevolent Fund: - Please include details of:  
Annuitant's state of health. (Including; whether or not Annuitant is  
capable of living alone; living alone with some assistance; living alone  
with daily and/or nightly assistance.) Who provides any required  
assistance and the cost.**

**Annuitant's living conditions.**

Signature:..... Date:.....

Print Name (BLOCK CAPITALS):.....

Contact No. (daytime).....

## SECTION F:

EDUCATIONAL COSTS					
	Description of Expenditure	Name of Student	Boys Fund £ / €	Girls Fund £ / €	
Name of Educational Establishment					
	Fees				
	Fees				
	Fees				
	Fees				
	Fees				
	Uniform				
	Uniform				
	Uniform				
	Uniform				
	Uniform				
	Books				
	Books				
	Books				
	Books				
	Books				
	School Trip				
	School Trip				
	School Trip				
	School Trip				
	School Trip				
	Travel Costs				
	Travel Costs				
	Travel Costs				
	Travel Costs				
	Travel Costs				
	Other – Please specify				
<b>TOTAL EXPENDITURE</b>					
<b>GRANTS RECEIVED – PLEASE SPECIFY</b>					
<b>TOTAL GRANTS</b>					
<b>SHORTFALL</b>					

**SECTION G:**

**APPLICANT'S DECLARATION.**

I declare that the information provided by me is, to the best of my knowledge, accurate and complete.

I agree that the Masonic Benevolent Institutions may hold this information for the purposes of deciding whether or not any assistance can be provided by them, and any related purpose and will not be used for any other purpose.

I understand that the information will be maintained under the principles set out in the Data Protection Act.

Signed:.....

Date:.....

Print Name (BLOCK CAPITALS):.....

If applicant is unable to sign on his/her own behalf, the person acting on his/her\* behalf should sign below. If this person has been legally appointed to act on the applicant's behalf a copy of the Certificate of appointment should be provided.

Signed:.....

Date:.....

Print Name (BLOCK CAPITALS):.....

**\*Delete as appropriate.**