**APPLICATION AND RECOMMENDATION**

**TO**

**TYRONE AND FERMANAGH**

**LOCAL MASONIC BENEVOLENT FUND**

**Note 1:**

The primary objective of the fund is as follows:

***“The Relief of Poverty of Freemasons, their wives, partners, children and families and the families and widows or partners of deceased Freemasons who are or in the case of deceased Freemasons, who have been a member of a Masonic Body within the Masonic Province of Tyrone and Fermanagh”.***

The applicant may also be eligible for assistance from:

The Freemasons of Ireland Girls & Boys Fund. Registered with the Charities Regulator in the Republic of Ireland No. 20001315

The Freemasons of Ireland Victoria Jubilee & Welfare Fund. Registered with the Charities Regulator in the Republic of Ireland No. 20032098

Guidance on who is eligible for support from the above funds can be found in the Charities Booklet, published by Grand Lodge. Alternatively the Lodge Almoner could contact the relevant Provincial Grand Lodge Representative.

**Note 2:**

On completion, the application form should be forwarded to:

MR MALCOLM A. MCQUEEN

Secretary T&F L.M.B.F.

4 LISSAN CLOSE

COOKSTOWN

BT80 8DP

**SECTION A: LODGE RECOMMENDATION**

We, the undersigned, Almoner and Secretary, for the time being of Masonic Lodge No meeting at hereby certify that Brother was\* a subscribing member of this Lodge from up to .This application was supported by the Lodge at its meeting on [date]

Almoner Signature: & Print

Secretary Signature: & Print

Date

Lodge Seal

**SECTION B (1): Applicant’s Details**

Surname of Applicant

First Names

Address

Date of Birth   
Tel. No

Occupation

**Section B (2): Masonic Connection**

1. If applicant is a Widow please provide:

Husband’s name

Husband’s occupation

Date of Husband’s death

1. Other family member (s)

Name

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
If further explanation would be helpful please use the space below.

**SECTION C: (1)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **ANNUAL FINANCIAL INFORMATION** | | | | |
|  | **INCOME** | | | **EXPENDITURE (exclude business expenses)** | |
|  |  | **Amount (£)** |  |  | **Amount (£)** |
| 1 | **Gross Salary** |  | **1** | **Income Tax** |  |
| (a) | Self |  |  |  |  |
| (b) | Partner |  | **2** | **Private Dwelling Rent & Rates** | |
|  |  |  | (a) | Mortgage Payment/Rent |  |
| **2** | **Pensions** |  | (b) | Rates |  |
| (a) | Private Pension – Self |  | (c) | Home Insurance |  |
| (b) | Private Pension – Partner |  |  |  |  |
| (c) | State Pension – Self |  | **3** | **Car** |  |
| (d) | State Pension - Partner |  | (a) | Car Insurance |  |
|  |  |  | (b) | Car Tax |  |
| **3** | **Other State Benefits Self / Partner** | |  |  |  |
| (a) | CARING ALLOWANCE |  | **4** | **Other Insurance** |  |
| (b) |  |  | (a) | Life Insurance |  |
|  |  |  | (b) | Medical Insurance |  |
| **4** | **Other Benefits** |  | (c) | Pension Contributions |  |
| (a) | Masonic Charities |  |  |  |  |
| (b) | Orphan Support |  | **5** | **Utilities** |  |
| (c) | Family Contributions |  | (a) | Phone / Mobile |  |
|  |  |  | (b) | Electricity |  |
|  |  |  | (c) | Home Heating Oil |  |
| **5** | **Self-Employment Income** |  | (d) | Gas |  |
| (a) | Net Profit per Accounts |  | (e) | Coal |  |
| (b) | Add Depreciation in accounts |  |  |  |  |
|  |  |  | **6** | **Health Expenses** |  |
|  |  |  |  |  |  |
| **7** | **Unearned Income** |  |  |  |  |
| (a) | Dividend Income |  | **7** | **Loans – Other than Business Loans** | |
| (b) | Rental Income |  | (a) | Education |  |
| (c) | Interest Earned |  | (b) | Car Payments |  |
| (d) | Redundancy Payments |  | (c) | Home Improvements |  |
|  |  | | (d) | Other – please specify |  |
|  |  |  |  |  |  |
| **8** | **Benefit in Kind** |  | **8** | Groceries/Gen Household | £3640 |
| (a) | Company Car |  |  | (Based on £70 PW) |  |
| (b) | Accommodation |  |  |  |  |
| (c) | Other – please specify |  | **9** | **Other Expenditure – Please Specify** | |
|  |  | |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **TOTAL INCOME** |  |  | **TOTAL EXPENDITURE** |  |
|  |  |  |  |  |  |
| **TOTAL INCOME LESS TOTAL EXPENDITURE = £ [Excess ]** | | | | | |

**Notes:**

1. Provide as much information as possible
2. Place **N.A**. [for **Not Applicable**] alongside those which do not apply
3. On page 4 there are spaces in which to provide additional information if necessary.

**INCOME / EXPENDITURE ADDITIONAL INFORMATION**

|  |
| --- |
| **Income:** Please use the same labels as on page 3  *e.g. Additional Information in relation to 4(a)* |
| **WEEKLY ANNUALLY** |

|  |
| --- |
| **Expenditure:** Please use the same labels as on Page 3  e.g. Additional Information in relation to 2(c) |
|  |

**If necessary, continue on a separate sheet and attach it to the finished form.**

**SECTION C: (2) SAVINGS**

|  |  |
| --- | --- |
| Bank NO SAVINGS | Amount |
|  |  |
| Building Society | Amount |
|  |  |
| Other | Amount |
|  |  |
| **TOTAL SAVINGS** |  |

**SECTION C 3: 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 Tyrone and Fermanagh Local Masonic Benevolent Fund 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

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION D: LODGE’S SUPPORTING STATEMENT**

Please provide details of :

* Reason for Application
* What is being requested
* Estimate of amount required.

Signature [Of the author of the above report]

Print Name

Date Tel No.