GL-402
Rev. Aug. 1966

M.·. W.·. GRAND LODGE OF FREE AND ACCEPTED MASONS OF FLORIDA

APPLICATION TO COMMITTEE ON EMERGENCY RELIEF

Application No. _____ Date _____ 19 ____

_____ Lodge No. ____ Free and Accepted Masons, located at

_____ hereby applies for financial assistance

from the Emergency Relief Committee of the Grand Lodge of Florida for the relief of Brother

_____ a member of this Lodge
(Name in Full)

since _____ or Mrs. _____
(Date of raising, Affiliation or Initiation) (Name in Full)

who is the _____ of Brother _____
(Wife Widow) (Name in Full)

a member of this Lodge since _____ who died _____
(If living give date of raising or affiliation) (If deceased give date of death)

and submits the following statements given its Committee of Investigation and signed by the applicant:

1. Place of Birth _____ Date of Birth _____
(City or town and state)
2. Now residing at _____
(Give house number, street, town or city and state)
3. Is applicant receiving Welfare Aid of any kind? If so explain _____
4. Are you a veteran? _____ What war? _____

   a. Serial Number _____
   b. Do you receive disability pension? _____
   c. Do you receive retirement pension? _____
   d. What is your "C" number? _____
   e. Are you the wife or widow of a Veteran? _____

5. What is { his / her } total income per month from all sources? $ _____

I hereby aver and declare upon my honor that all of the foregoing statements made by me are true and correct to the best of my knowledge and belief.

_____

MASONIC RECORD

Brother _____ was raised _____
(Give date)

was affiliated _____ from _____
(Give date)

Lodge No. ____ at _____.
Town or City and State)

Give full record of unaffiliation, suspension or expulsion with dates; also date of restoration:

Suspended N. P. D. _____ Reinstated _____

Expelled U. M. C. _____ Reinstated _____

Financial assistance has been given from _____ Lodge

amounting to $ _____.

_____
Secretary

Lodge No. _____

DISTRICT DEPUTY GRAND MASTERS CERTIFICATE

I HEREBY CERTIFY that the foregoing application has been carefully investigated and full considered by me; That I have interviewed the officers of the Lodge, also the applicant, and recommend the application be _____ approved. (Detailed report attached.)

_____
District Deputy Grand Master

District No. _____

Date _____, 19 ___

Note: As per instructions of the M. W. Grand Master, a detailed report on the investigation of the District Deputy Grand Master must accompany the application on D. D. G. M. letterhead.

Trustees of the Masonic Home rely upon the District Deputy Grand Master to disclose any information which, if he were a member of the Committee, he would feel it incumbent upon him to communicate to his brethern of the Committee.

Note: The District Deputy Grand Master should forward this application promptly to the ADMINISTRATOR OF EMERGENCY RELIEF.

COMMITTEE ON EMERGENCY RELIEF

The foregoing application has been carefully considered by the Committee and is ___ approved.

_____ _____
Date Committee on Emergency Relief

ADMINISTRATOR OF EMERGENCY RELIEF

1. It shall be the duty of the administrator of the Emergency Relief Fund to thoroughly investigate all applications for emergency relief submitted to him.

2. Emergency Relief shall be to provide relief and assistance to those needy Master Masons, their wives, widows and children and orphans, whose need is urgent and who cannot provide for themselves or be otherwise provided for. Assistance from this fund shall not exceed the sum of $250. 00 in any one case and contribution shall be limited to a period of three months.

3. Applications for emergency relief shall be submitted through the applicant's Lodge or through the Lodge upon whose membership the application is based. The application shall contain the facts of the case, recommend the relief required and contain the agreement of the Lodge to contribute 33 1/3% of the relief granted. It shall be signed by the Master and Secretary of the Lodge and have the seal of the Lodge affixed. If the Lodge desires to claim exemption from contributing to the case, it shall file a request for such exemption and shall furnish to the administrator satisfactory evidence of its inability to contribute. Upon completion of the application it shall be sent to the District Deputy Grand Master who shall endorse his recommendation thereon and forward it to the Administrator.

4. When in the opinion of the administrator the case is one of extreme urgency he may waive the formal application provided herein and may, also in his discretion, waive or vary the percentage of the Lodge's contribution when it would work a hardship on the Lodge.

5. The Administrator shall forward a requisition to the Grand Secretary for the payment to be made in each case and each month make a requisition for payments to those upon the relief roll. The requisition shall contain the name and address of the person to whom the assistance is to be sent, the amount to be paid and be signed by the administrator. Upon receipt of the requisition, the Grand Secretary shall draw the warrant or warrants required and mail same to the applicant or applicants.

6. The administrator may make requisition to the Grand Secretary for expenses incurred in administering this fund. Upon receipt of the requisition, the Grand Secretary shall draw warrant to cover.

7. The administrator shall keep an accurate and full account of the transactions of and disbursements from the emergency relief fund. He shall make a report to the Board of Trustees at each monthly meeting of all cases handled by him since the last meeting. He shall, at the last meeting of the Board, submit his annual report.

REPORT OF COMMITTEE OF INVESTIGATION

We the undersigned Committee of Investigation of the aforesaid Lodge do hereby certify: (1) That we have visited the applicant: (2) That it has been established to our satisfaction that an emergency exists; (3) That the foregoing statements were recorded by us and signed in our presence; and (4) That we recommend assistance to the extent of $ _____ per month.

_____

_____

_____

LODGE RESOLUTION

At a stated meeting of _____ Lodge No. _____, Free and Accepted Masons, held at _____ Florida, on the _____ day of _____ _____ the following preambles and resolutions were adopted.

Whereas, This Lodge is making application to the Emergency Relief Committee for financial aid for:

Brother _____ (Name in Full) Mrs. _____ (Name in Full)

who is the _____ (Wife or Widow) of Brother _____ (Name in Full) a member of this lodge, who, at the time of his decease, or is, a member in good standing of this Lodge; and

Whereas, From our knowledge of the applicant's circumstances and condition, and from an investigation which has been made, we believe the applicant worthy of assistance; therefore,

Be it Resolved: That this Lodge recommend assistance from the Emergency Relief Fund to the extent of $ _____ per month not to exceed _____ months. (Maximum period three months.)

Be it Further Resolved: That said Lodge agrees to pay to the Committee on Emergency Relief one-third (1/3) of the amount recommended. (Regulation No. 120 Digest of Masonic Law.)

(Seal)
Certified from the minutes
with seal affixed

_____
Worshipful Master

Attest:

_____
Secretary.

Note: When all forms of this application have been properly filled in, the Secretary of the Lodge shall forward it direct to the District Deputy Grand Master.

FOR COMPLETION BY DISTRICT DEPUTY GRAND MASTER

For completion by D. D. G. M. regarding Emergency Relief Applications and Hal W. Adams Hospital Service Fund Applications.

Economic Situation: Amount of total income per month from all sources?

$ _____

Itemized Statement of Expenses per month:

Drugs & Medical per mo. $ _____
Payments on household & Appliances, etc., per mo. $ _____
Clothing per mo. $ _____

Rent or House Mortgage Payments per mo. $ _____
Food per mo. $ _____
Utilities per mo. $ _____
Insurance per mo. $ _____
Fuel (Heating) mo. $ _____

Physical condition of applicant _____
Terminal (short life remaining) _____
Illness or Injury (explain) _____
Will the applicant to able to return to work? _____
Amount of outstanding medical & doctor bills $ _____
Has a part of the bills already been paid ? _____ By Whom? _____
Insurance paid $ _____ of bills.
How long was the applicant hospitalized? _____
Will applicant again need hospitalization for this illness or injury in your opinion? _____
Is the wife helping to support the brother? _____
If applicant needs hospital care again, do you think you could arrange with the doctor and hospital to be generous with their services? _____
Age of applicant _____
Dependents # ____ Ages _____
Names of Dependents:

_____

_____

_____

_____

_____

_____

_____

_____