

ROB MORRIS ASSISTANCE COMMITTEE
GRAND CHAPTER OF ARIZONA
ORDER EASTERN STAR

The purpose of the Rob Morris Assistance Committee is to investigate all requests for either long term or short term (temporary assistance) referred from the Worthy Grand Matron.

The Committee requires specific information from an applicant to ascertain the necessity for the amount of financial relief. The application should be reviewed prior to completion, information provided should be as accurate as possible, and the form should be checked after it is completed. The completed form must be sent directly to the Grand Secretary, Grand Chapter of Arizona, O.E.S. for proper distribution.

Worthy Grand Matron
ROB MORRIS ASSISTANCE
c/o Grand Secretary
Grand Chapter of Arizona, O.E.S.
4600 N. 24th Street
Phoenix, AZ 86016

The applicant may be interviewed by a member of the committee or an OES representative to supplement the information provided. All information, including names is held confidential by persons involved.

APPLICATION RECEIVED AND
REFERRED TO THE ROB MORRIS
COMMITTEE: DATED: _____

WORTHY GRAND MATRON

APPLICATION FOR FINANCIAL ASSISTANCE

Name _____ Date of Birth _____
Address _____ Phone No. _____

Short Term Assistance _____ Long Term Assistance _____

Marital Status _____ Widowed or separated _____
Spouse's Name _____

Employer _____ Phone No. _____
Spouse's Employer _____ Phone No. _____

MASONIC AFFILIATIONS (Include Arizona OES Information of self and spouse.)

CHAPTER/LODGE	LOCATION	YEARS

OTHER FRATERNAL ORGANIZATIONS (Specify Applicant or Spouse)

Explain the event, or series of events, which created this financial crisis.

Submit one application for Short Term and one Application for Long Term Assistance
How much assistance are you requesting for Short Term Assistance? _____
How much assistance are you requesting for Long Term Assistance? _____

List your bills and amount due. Attach CURRENT copies of supporting bills

Have you applied for or do you receive any type of government assistance? (i.e. ACCCHS, Food Stamps, Cash Assistance, etc.) If so from whom and what are the results?

Have you requested financial assistance from any other persons, financial institutions, fraternities? If so, please explain and give the results.

Have you, and/or your spouse or a responsible party filed a claim or a lawsuit to settle any of the bills described above? Explain:

Have you or your spouse filed for bankruptcy because of this financial crisis?
Please circle: YES NO

ADDITIONAL COMMENTS: (attach a separate page if necessary)

I HAVE ANSWERED THE ABOVE QUESTIONS AND THE ATTACHED FINANCIAL INFORMATION FROM TO THE BEST OF MY ABILITY.

Signature_____ Date_____

FINANCIAL INFORMATION FORM

Date: _____

MONTHLY INCOME

Social Security _____
Wages (full and part and/or time) _____
Income from pensions _____
Unemployment compensation _____
Monthly income from persons
 living with you _____
Food Stamp allowance _____
Total _____

ASSETS (INCLUDE THOSE OF SPOUSE)

Home _____
Other real estate _____
Car(s) _____
Checking Account Balance _____
Savings Account Balance _____
Investments, stocks, bonds, etc. _____

MONTHLY EXPENSES FOR HOUSEHOLD

Mortgage or rent _____
Food _____
Utilities _____
 Electric _____
 Trash and water _____
 Gas _____
 Cable/satellite _____
Car payment _____
Gas and car repairs _____
Insurance for _____
 Home _____
 Car _____
Taxes _____
 Property _____
 Income _____
Telephone and/or cell _____
Credit card payment _____
Total _____

Healthcare

Doctor

Dentist

Prescriptions

Medicare supplement

Payment

Total_____

List of Medical Bills

Amount
