

Joint Application Form



THE FREEMASONS' GRAND CHARITY



Health and Care Support

Please complete in BLOCK CAPITALS using black ink.

To see how your personal information will be handled, please see our Fair Collection Statement: www.freemasonrycares.org/pages/faircollection.html

1. Reason for application (please tick as appropriate and explain how we can help)

Living expenses & household emergency costs

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Support for children

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Medical; dental; respite care; mobility aids & home adaptations

If you tick this box, contact the grants team **before** completing the rest of the form. Call 020 7404 1550 or email grants@msfund.org.uk now.

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2. Applicant information (the person requiring assistance)

Forenames: Surname:

Title: Age: Date of birth:/...../.....

Address:

Postcode:

Email: (please note you may be contacted by email)

Telephone 1: Telephone 2:

Occupation (former if retired/unemployed):

Masonic details of Applicant or qualifying Freemason

This application is based on the Masonic membership of Bro:

Date of birth:/...../..... Relationship to Applicant:

Address if different from above:

Tel:

Lodge name: Lodge No:

Province/District: Date of death (if applicable):/...../.....

Please provide details of any Mark Lodges:

Charities' use only:	JAF Ref:	Charity Refs:	Copy to -	FGC	RMTGB	MSF
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Letter -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Spouse/partner living in the household

Forenames: Surname:
Title: Age: Date of birth:/...../.....

4. Dependent children

i. Name: Date of birth:/...../.....
Date current course started :/...../..... Course end date:/...../.....
Pre-school State school pupil Fee paying pupil Student (please tick)

ii. Name: Date of birth:/...../.....
Date current course started :/...../..... Course end date:/...../.....
Pre-school State school pupil Fee paying pupil Student (please tick)

iii. Name: Date of birth:/...../.....
Date current course started :/...../..... Course end date:/...../.....
Pre-school State school pupil Fee paying pupil Student (please tick)

iv. Name: Date of birth:/...../.....
Date current course started :/...../..... Course end date:/...../.....
Pre-school State school pupil Fee paying pupil Student (please tick)

...please continue on a separate sheet if necessary

5. Other people in the household

Are there any other working age adults living in the household and contributing financially? Yes No

If 'Yes' then how much do they contribute? i. £ per month

ii. £ per month

6. Help from other sources

Please provide details of grants from any other source in the last 12 months, including any Masonic grants

(e.g. from the Mark Benevolent Fund):

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Is or was the qualifying Freemason or their partner a member of the Armed Forces? Yes No

7. Household income

	Applicant	Week/Month/Year	Spouse/Partner	W/M/Y
A. Gross income from employment	£	<input type="checkbox"/> <small>e.g.</small> <input checked="" type="checkbox"/> Y	£	<input type="checkbox"/>
B. Pensions				
State Pension	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Pension Credit	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Private pension	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Children's pension	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Widow's pension	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Other:	£	<input type="checkbox"/>	£	<input type="checkbox"/>
C. State benefits and Tax Credits				
Income Support	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Jobseeker's Allowance	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Employment and Support Allowance	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Universal Credit	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Incapacity Benefit	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Attendance Allowance	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Disability Living Allowance (DLA) - Care	£	<input type="checkbox"/>	£	<input type="checkbox"/>
DLA - Mobility	£	<input type="checkbox"/>	£	<input type="checkbox"/>
DLA for children - Care	£	<input type="checkbox"/>	£	<input type="checkbox"/>
DLA for children - Mobility	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Personal Independence Payment (PIP)	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Carer's Allowance	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Child Benefit for children	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Working Tax Credit	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Child Tax Credit	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Bereavement Allowance or Widowed Parent's Allowance	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Other:	£	<input type="checkbox"/>	£	<input type="checkbox"/>
D. Additional income				
Current account interest	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Interest from savings	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Investment income	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Maintenance - for Applicant / partner	£	<input type="checkbox"/>	£	<input type="checkbox"/>
- for children	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Rental income	£	<input type="checkbox"/>	£	<input type="checkbox"/>
Other:	£	<input type="checkbox"/>	£	<input type="checkbox"/>

8. Household expenses

	Week/Month/Year	W/M/Y
Applicant	e.g. M	Spouse/Partner
Income Tax	£ <input type="checkbox"/>	£ <input type="checkbox"/>
National Insurance	£ <input type="checkbox"/>	£ <input type="checkbox"/>
Pension contributions	£ <input type="checkbox"/>	£ <input type="checkbox"/>
Minimum loan / credit card repayments	£ <input type="checkbox"/> M	£ <input type="checkbox"/> M
Maintenance for partner / children	£ <input type="checkbox"/>	£ <input type="checkbox"/>
Car and travelling to work expenses	£ <input type="checkbox"/>	£ <input type="checkbox"/>
Council Tax paid (net of Council Tax Benefit/Support)	£ <input type="checkbox"/>	<input type="checkbox"/>
Council Tax Benefit/Support	£ <input type="checkbox"/>	<input type="checkbox"/>
Residential / nursing home fees (paid by applicant)	£ <input type="checkbox"/>	<input type="checkbox"/>
Keep (if living with friends or relatives)	£ <input type="checkbox"/>	<input type="checkbox"/>
Board / residence charge	£ <input type="checkbox"/>	<input type="checkbox"/>
Home help costs (details:.....)	£ <input type="checkbox"/>	<input type="checkbox"/>
Electricity (last 12 months)	£ <input type="checkbox"/>	<input type="checkbox"/> Y
Gas (last 12 months)	£ <input type="checkbox"/>	<input type="checkbox"/> Y
Water payments	£ <input type="checkbox"/>	<input type="checkbox"/>
Solid fuel/oil (last 12 months)	£ <input type="checkbox"/>	<input type="checkbox"/> Y
Other essential living expenses	£ <input type="checkbox"/>	<input type="checkbox"/>
(please give details below)	£ <input type="checkbox"/>	<input type="checkbox"/>

9. Housing costs

Mortgage

Interest paid by Applicant	£ p.a.	Current interest rate:.....%
Interest paid by the DWP	£ p.a.	
Capital repayments	£ p.a.	
Endowment payments	£ p.a.	Total £ p.a.

Rent

Paid by Applicant	£ p.a.	
Paid by Housing Benefit	£ p.a.	Total £ p.a.

Other housing costs

Mandatory maintenance charge	£ p.a.
Ground rent	£ p.a.

10. Capital

Family home

Value of family home, if owned £ Outstanding mortgage £

Term of mortgage (number of years)

Redemption date /...../.....

Additional charges on the family home £ *purpose:*

(including equity release) £ *purpose:*

Other properties

Value of any other property £ Outstanding mortgage £

Current account, savings and investments (Applicant and spouse/partner)

Current account balance £ credit / overdrawn (please circle)

Value of savings / investments £ *details:*

(including ISAs, name, number £ *details:*

and value of shares etc.) £ *details:*

 £ *details:*

Any other capital, including trust funds £ *details:*

 £ *details:*

11. Supporting information from the Applicant

The Applicant should use this space to tell us anything else they think might be helpful when considering their application. (Please continue on a separate sheet if necessary).

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12. Declaration by the Applicant (the person requesting assistance)

I confirm that to the best of my knowledge, the details I have provided are correct and that those persons identified on this form have no income or capital other than that which is recorded. I understand that the information provided in this application, and any supporting documents, will be treated in accordance with the Data Protection Act 1998 and the fair collection statement which can be viewed at www.freemasonrycares.org/pages/faircollection.html

I undertake that all other individuals named on this application will be made aware of the information that has been supplied on this form and the location of the fair collection statement.

Signed Date

13. Report by Visiting Brother / Care Adviser

Please report any additional details about the Applicant's family, their circumstances and why they are applying for support. The information you provide is very important and will help in considering the application. In particular:

- Health issues relating to the Applicant or members of their household
- The Applicant's general home environment
- The needs of dependent children in the household
- Any other needs not detailed elsewhere on the form

Any information provided here, including any opinions, may be made available to the Applicant.

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14. Visiting Brother details and declaration

Name: Lodge No:
Address:
..... Postcode:
Email: Tel:

I confirm that I have visited the Applicant at their home and I have verified the information provided on this form. I have attached copies of relevant documents to confirm the information supplied. I have read and understood the information contained in the Data Protection Guidance.

Signed: Date:

15. Provincial Grand Lodge or Metropolitan Lodge representative

(Not required for medical; dental; respite care; mobility aids or home adaptations)

I confirm that I have noted the details on this form and support the application. I have read and understood the information contained in the Data Protection Guidance.

Signed: Name:
Position in Province/District/Lodge: Date:

Return to / email
The Reception Manager, Charities Reception, Freemasons' Hall, 60 Great Queen Street, London WC2B 5AZ
applications@freemasonrycares.org