

**APPLICATION FOR ASSISTANCE  
ORDER OF THE EASTERN STAR HOME FUND FOUNDATION  
AND BENEVOLENT FUND OF UTAH  
(Revised 2015)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status            Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Number of Children living at home \_\_\_\_\_ Ages of Children \_\_\_\_\_

Others who live with you \_\_\_\_\_

Chapter Name \_\_\_\_\_ Initiation Date \_\_\_\_\_ Affiliation Date \_\_\_\_\_

What aid can/does your Chapter give? \_\_\_\_\_

Assistance available through Community or State Social Services (SSI, Medicaid, Reach, FEMA, etc.) \_\_\_\_\_

How much do/will they assist? \_\_\_\_\_

Have you applied for such assistance? \_\_\_\_\_ If so, when \_\_\_\_\_

Are you receiving financial aid from any other source? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain            Amount \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

**Income Received from:**

Social Security (monthly) \_\_\_\_\_  
Pension/Annuities \_\_\_\_\_  
Alimony \_\_\_\_\_  
Child Support \_\_\_\_\_  
Savings \_\_\_\_\_  
Veterans Benefit \_\_\_\_\_  
Interest and/or Dividends \_\_\_\_\_  
Employment \_\_\_\_\_  
Employment of Spouse or  
other who lives with you \_\_\_\_\_  
Other sources of Income  
(rent, etc.) \_\_\_\_\_

**Monthly Expenses:**

Rent \_\_\_\_\_  
Mortgage Payment \_\_\_\_\_  
Heating \_\_\_\_\_  
Electricity \_\_\_\_\_  
Phone (basic) \_\_\_\_\_  
Water and/or Sewer \_\_\_\_\_  
Real Estate Taxes \_\_\_\_\_  
Food \_\_\_\_\_  
Clothing \_\_\_\_\_  
Insurance - Medical \_\_\_\_\_  
Other \_\_\_\_\_  
Medical Expenses - Drugs \_\_\_\_\_  
Other \_\_\_\_\_  
Other (explain) \_\_\_\_\_

TOTAL INCOME \_\_\_\_\_

TOTAL EXPENSES \_\_\_\_\_

Amount of assistance requested: \_\_\_\_\_

Is this amount for actual living expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Please give a brief history of your case and the assistance you have requested. List any information you feel is important to your application. Use additional pages if necessary. Feel free to enclose any documentation, including bills, which you believe will help the Board of Trustees make an informed decision on your request.

The information in this application is confidential. It is available only for the consideration of the members of the Board of Trustees of the Eastern Star Home Fund and Benevolent Fund of Utah. Please answer all questions fully.

I certify that all facts on this application are true, to the best of my knowledge.

\_\_\_\_\_  
(Signed) (Date)

Send completed application to: John R. Testi, PGP, Chairman  
1209 – 5<sup>th</sup> Street  
Ogden, UT 84404

**ENCLOSURE FOR APPLICATION**

Verbal communications may be misinterpreted, therefore, the following is included with your application to explain the procedures which the Board of Trustees is compelled by law to follow.

1. Applications must be presented to and discussed by a quorum of the Board of Trustees.
2. No assistance can be approved until the application, as presented or any portion thereof, is approved by a majority vote of the Board of Trustees.
3. Emergency meetings may be called when needed for immediate action.
4. As determined by the Board of Trustees, an emergency meeting may be called for the following reasons:
  - a. Possible aid for injuries due to an accident.
  - b. Emergency medical necessities. Emergency being defined as an unforeseen combination of circumstances or the resulting state that calls for immediate action.
  - c. Natural disasters, such as fire, wind, flood and earthquake damage to a place of residence.
  - d. Eviction from residence.
  - e. A structural condition in a home which endangers the well-being of the resident.
  - f. Utility service cancelled.
5. Under the Bylaws of the Corporation, mortgage, car or insurance payments and home improvements cannot be covered.
6. Requests for major medical or dental assistance and home repairs will not be considered unless a bid or estimate is submitted for prior approval.
7. Verbal requests for assistance will not be considered.
8. Applicants must have at least five (5) years of membership in the Order of the Eastern Star. Membership of less than five years may be reviewed in extraordinary circumstances. If unusual circumstances exist, further investigation will be made and reported to the Board before action is taken.
9. **Application, in and of itself, does not guarantee assistance.**