

MICHIGAN ODD FELLOW & REBEKAH
MEMBERS RELIEF BOARD
OFFICIAL APPLICATION FOR ONE-TIME EMERGENCY RELIEF

DATE _____

I, _____, request my Lodge,
_____, No. _____, of
_____, MI. to certify this application request for
assistance from the Odd Fellow & Rebekah Members Relief Board.

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Date of Birth _____

Spouse's Name _____

Spouse's Address (if different) _____

City _____ State _____ Zip _____

Name/Address/Phone of (2) Emergency Contact Persons

Phone _____ Phone _____

NOTICE TO APPLICANT

Full and complete disclosure is required for consideration of this application for assistance. **Please complete the financial disclosure form and submit it along with the application form. You may be contacted by the Members Relief Board for clarification of any information.** All information obtained will be confidential. By affixing my signature or mark below, I, as the applicant, acknowledge that I have read and completed the form.

Signed _____

Applicant

NOTE: Lodge Secretary to complete the top section on reverse side before giving packet to member.

CERTIFICATION

The responsibility of the lodge secretary is to verify the standing of the applicant.

This is to certify that _____ was admitted into
membership of (Lodge) _____ No. _____
of _____ on (date) _____
and is in good standing and eligible to be considered for assistance

(Seal)

Noble Grand

Secretary

Do not write below this line. Board use only.

No. _____

Received _____

Accepted Rejected

Referred to _____

Interviewed _____

Disposition _____

Assistance Amount _____

*Mail to: Grand Lodge of Michigan
Members Relief Board
P O Box 386
Litchfield, MI 49252*

**MEMBERS RELIEF BOARD
MEMBER'S FINANCIAL DISCLOSURE FORM**

NOTE: To insure proper consideration of this application, all questions must be answered in full, and all blanks must be filled in. (Use N/A if amount is nothing.)

1. List your total regular monthly income.

Social Security:	Applicant \$ _____	Spouse \$ _____	Total \$ _____
S.S.I.:	Applicant \$ _____	Spouse \$ _____	Total \$ _____
Other Retirement:	Applicant \$ _____	Spouse \$ _____	Total \$ _____
Other Income:	Applicant \$ _____	Spouse \$ _____	Total \$ _____
Total Regular Monthly Income			Total \$ _____

2. List any other income producing securities you own (CDs, Bonds, Stocks, etc.)

The value and the monthly income or yield.

Item _____	Value \$ _____	Income \$ _____
Item _____	Value \$ _____	Income \$ _____
Total Monthly Income of Securities		\$ _____

3. Do you own or share ownership in any income producing real estates? Yes ____ No ____

If yes, list the address, legal description or number of acres and the approximate monthly income.

Item _____	Value \$ _____	Income \$ _____
Item _____	Value \$ _____	Income \$ _____
Total Approximate Monthly Real Estate Income		\$ _____

4. Does anyone owe you money? Yes ____ No ____ If yes, is there an arrangement for repaying? Yes ____ No ____ List any amount owed you and any monthly re-payment amount. Value \$ _____ Monthly Payment Amount \$ _____

5. If you own your own home, what is its approximate value \$ _____
Furniture & Fixtures \$ _____
Total Value \$ _____

6. Cash on Hand and in banks.

Cash	Applicant \$ _____	Spouse \$ _____	Total \$ _____
Checking	Applicant \$ _____	Spouse \$ _____	Total \$ _____
Savings	Applicant \$ _____	Spouse \$ _____	Total \$ _____
Total Value			\$ _____

7. List other assets.

Asset _____	Age _____	Value \$ _____
Asset _____	Age _____	Value \$ _____
Asset _____	Age _____	Value \$ _____
Asset _____	Age _____	Value \$ _____
Total Value		\$ _____

8. Cash value of any life insurance, less any amount borrowed against it.

Applicant \$ _____	Spouse \$ _____	Total \$ _____
--------------------	-----------------	----------------

TOTAL ASSETS \$ _____

(OVER)

**MEMBERS RELIEF BOARD
MEMBER'S FINANCIAL DISCLOSURE FORM**

9. If you or your spouse live in a nursing home, or assisted care facility, please provide the name of the facility.

Facility _____

What is the monthly fee or charge? \$ _____

10. If you live in your own home, is there a monthly mortgage payment? Yes ____ No ____

If so, what is the amount? \$ _____

11. If you rent the home where you live, what is the monthly rent payment \$ _____

12. If you pay your own utility bill, what are the monthly averages?

Electric \$ _____ Gas \$ _____ Water \$ _____

Telephone \$ _____ Trash Removal \$ _____ Other \$ _____

13. If you require prescription drugs, please list your average monthly cost \$ _____

14. List any supplemental medical or health insurance, other than Medicare or Medicaid, that you make payments on:

Company _____ Cost per month \$ _____

Company _____ Cost per month \$ _____

Company _____ Cost per month \$ _____

Total \$ _____

15. List any outstanding debts, other than real estate, (cars, trucks, machinery, furniture, credit cards, etc.) on which you make monthly payments.

Item _____ Cost \$ _____ Payment \$ _____

Item _____ Cost \$ _____ Payment \$ _____

Item _____ Cost \$ _____ Payment \$ _____

Total \$ _____

16. List any other expenses that you have each month that should be considered by the Board.

Item _____ Payment \$ _____

Item _____ Payment \$ _____

Item _____ Payment \$ _____

Total \$ _____

Total Expenses (9-16) \$ _____

TOTAL SPENDABLE INCOME \$ _____

No. _____

MEMBERS RELIEF BOARD
MEMBER'S FINANCIAL DISCLOSURE FORM

17. What type of assistance are you requesting:

- | | | |
|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Medicines | <input type="checkbox"/> In-Home Assistance | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Food |
| <input type="checkbox"/> Other _____ | | |

18. **Other comments you wish the board to consider in making their decision:**

For Board Use Only

Total Income \$ _____

Total Expenses \$ _____

Other Deductions \$ _____

Total Spendable Income \$ _____

Comments:
