

### THE GRAND LODGE OF ALBERTA

ANCIENT, FREE AND ACCEPTED MASONS

#### PETITION FOR TEMPORARY ASSISTANCE

ALL ASSISTANCE MUST BE REVIEWED ANNUALLY

All four pages of this form must be completed, certified and signed. Grand Lodge Use Only Once completed the form is then be forwarded to the Grand Secretary, Date Petition received: The Grand Lodge of Alberta, 330 - 12 Avenue SW, Calgary, AB T2R 0H2. Case number assigned: Date Petition dealt with: NOTE: This petition is STRICTLY CONFIDENTIAL and its contents, or any part thereof, may only be disclosed on a "need to know" basis. Petitioning Lodge \_\_\_\_\_\_ No. \_\_\_\_ The attention of the Worshipful Master of the Lodge submitting this petition and/or the Chairman of the Committee appointed to inquire into the petition is directed to Part II Chapter 1.G.3.k in the new Regulations, which reads: "Grants made by the Board are to be considered as supplementary aid to that given by the Lodge recommending the petition. The first responsibility rests with the Lodge." We, the undersigned, do hereby certify that this petition has been duly and completely investigated and that the information on the following pages is accurate. (Secretary/Sec-Treas.) (Worshipful Master) Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month) (City/Town) (year) LODGE SEAL THIS LOWER PORTION WILL BE REMOVED PRIOR TO PRESENTATION TO THE BOARD Full name of petitioner \_\_\_\_\_ Full address of petitioner Case No. \_\_\_\_\_ Telephone No. ( \_\_\_\_\_) \_\_\_\_\_ The petitioner is a member of \_\_\_\_\_\_ Lodge No.\_\_\_\_\_, a constituent Lodge in this Jurisdiction. The petitioner is a relative of a member or former member, of \_\_\_\_\_\_\_, a constituent Lodge in this Jurisdiction. I certify that the personal information given by me and contained herein is accurate in all details. (Petitioner) (Date)

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**INTENTIONALLY** 

# THIS SECTION TO BE COMPLETED BY THE INVESTIGATOR OR INVESTIGATING COMMITTEE

If "yes", by whom?	Has this petition been fully enquired into and all pertinent information obtained? Yes □ No □  f "yes", by whom?						
If "no", why not?							
Date of enquiry.				·		d for this request for assistan	
		(Use d	additional pages, į	if space is require	ed)		
		<u>PF</u>	ETITIONER'S IN	FORMATION			
Date of birth:							
Marital status: Single □	Marr	ied 🗆	Common law	□ Separated □	Divorced	□ Widowed □	
Dependents including spous	se, if any.	List ages	and relationships,	(do not include n	ames, use "wif	e", "son", etc.)	
		(Use ada	litional sheets, if n	iore space is requ	uired)		
	oly be expe	ected from	any adult family r	nember(s) of the	petitioner?	Yes □ No □	
Can any assistance reasonab		omount					
·	d in what	amount					
If so, please indicate how an						\$	
If so, please indicate how an							
If so, please indicate how an  Is the petitioner eligible for,			cial Assistance? If	f so, from whom a			
If so, please indicate how an  Is the petitioner eligible for,  Worker's Compensation:	or receivii Yes □	ng any Soc	cial Assistance? If	f so, from whom a			
If so, please indicate how an  Is the petitioner eligible for,  Worker's Compensation:  Disabled or Blind Pension:	or receivin Yes □ Yes □	ng any Soc No □ No □	cial Assistance? If \$ \$	so, from whom a			
If so, please indicate how an Is the petitioner eligible for, Worker's Compensation:	or receivii Yes □	ng any Soc No □ No □	s	f so, from whom a			
If so, please indicate how an  Is the petitioner eligible for,  Worker's Compensation:  Disabled or Blind Pension:	or receivin Yes □ Yes □	ng any Soc No □ No □	s	f so, from whom a			
If so, please indicate how an Is the petitioner eligible for, Worker's Compensation: Disabled or Blind Pension: Family Allowance:	or receivin Yes □ Yes □ Yes □ Yes □	ng any Soc No □ No □ No □	\$\$  \$\$	f so, from whom a			
If so, please indicate how an Is the petitioner eligible for, Worker's Compensation: Disabled or Blind Pension: Family Allowance: War Disability Pension:	or receiving Yes □ Yes □ Yes □ Yes □	ng any Soc No    No    No    No	ss	f so, from whom a	and in what am	ounts:	

provided without coming into conflict with Government Agencies?								
Present or last salary per month \$	. Petitioner's average monthly income (Net): \$	·						
13. <b>PETITIONER'S</b>	ASSETS AND EXPENSES (and of Spouse, if applicable)							
FAMILY INCOME (Monthly)	FAMILY EXPENSES (Monthly)							
Monthly salary \$	Food	\$						
Pensions \$	Clothing	\$						
Worker's Compensation \$	Shelter (rent or mortgage)	\$						
Family Allowance \$	Utilities	\$						
Disabled or Blind Pension \$	Transportation	\$						
War Disability Pension \$	Car payments	\$						
nvestment income \$	Loan repayments	\$						
RRSP income \$	Credit card payments	\$						
Other income \$	Insurance (list all types): Life \$							
TOTAL MONTHLY FAMILY INCOME \$	House \$							
CURRENT FAMILY ASSETS	Auto \$	Auto \$						
Cash on hand (in bank and elsewhere): \$	Medical \$	Medical \$						
nvestments (Shares, GICs, Term Deposits,	Total Insurance:	\$						
Bonds, RRSPs, etc.) \$		Other expenses (Itemized) (e.g. property tax)						
Equity in home (if owned):		\$						
Equity in furniture, tools, recreational		\$						
vehicles, boats, cabins, etc. \$		\$						
Automobiles: Make Yr		\$						
Make Yr	TOTAL MONTHLY FAMILY EXPENSE	ES:						
nsurance surrender value (if any): \$		\$						
Other tangible assets (list if any):(Please use additional paper if required)		14. Are there any other major debts? Yes □ No □  If yes, please list them with amounts owed						

## **LODGE INFORMATION**

15.	Please state <b>SPECIFICALLY</b> the	help your lodge re	equests from the Fund: one lump sum payment of \$	for the			
	purpose of		and/or me	onthly payments of			
	\$ per month for	·m	onths.				
	-		ne Lodge, please outline in detail what assistance your Lo				
17.		-					
18.	Will your Lodge be able to render	assistance in the fu	uture? Yes □ No □				
19.	Please provide the following information from the Lodge's most recently audited financial statement: (Year)						
	Cash on hand	\$					
	Bonds and securities on hand	\$	Specify				
	Liabilities	\$					
	Total assets less liabilities	\$					
20.	Comments and recommendations of	of the North or Sou	ath Superintendent				
21.	DECISION OF THE BOARD _						

NOTE: SHOULD THIS BENEVOLENCE BE CONSIDERED TO BE CONTINUED BEYOND ONE YEAR, THIS PETITION MUST BE UPDATED AND RESUBMITTED YEARLY ON THE ANNIVERSARY DATE OF THE PETITION.