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THIS SECTION TO BE COMPLETED BY THE INVESTIGATOR OR INVESTIGATING COMMITTEE

1. Has this petition been fully enquired into and all pertinent information obtained? Yes No
If "yes", by whom? _____
If "no", why not? _____

2. Date of enquiry. _____ .
Please detail your enquiries, setting out the problems and circumstances that have created the need for this request for assistance.

(Use additional pages, if space is required)

PETITIONER'S INFORMATION

3. Date of birth: _____ .
4. Marital status: Single Married Common law Separated Divorced Widowed
5. Dependents including spouse, if any. List ages and relationships, *(do not include names, use "wife", "son", etc.)*

(Use additional sheets, if more space is required)

6. Can any assistance reasonably be expected from any adult family member(s) of the petitioner? Yes No
If so, please indicate how and in what amount. _____
_____ . \$ _____ .

7. Is the petitioner eligible for, or receiving any Social Assistance? If so, from whom and in what amounts:
Worker's Compensation: Yes No \$ _____ .
Disabled or Blind Pension: Yes No \$ _____ .
Family Allowance: Yes No \$ _____ .
War Disability Pension: Yes No \$ _____ .
Other: _____ . \$ _____ .

8. If eligible, and not presently receiving assistance, please indicate why. _____

9. Will any assistance provided by this Board jeopardize the assistance referred to in Questions 5 or 6? Yes No

10. Is the petitioner in the process or has been in any bankruptcy proceedings? Yes No

11. If the petitioner qualifies for Government assistance and further help is needed, how would the Lodge recommend this be provided without coming into conflict with Government Agencies? _____ .

12. Petitioner's employment (if unemployed, last position). _____ .
 _____ .

Present or last salary per month \$ _____ . Petitioner's average monthly income (Net): \$ _____ .

13. **PETITIONER'S ASSETS AND EXPENSES (and of Spouse, if applicable)**

<u>FAMILY INCOME (Monthly)</u>		<u>FAMILY EXPENSES (Monthly)</u>	
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	\$ _____
Investment income	\$ _____	Loan repayments	\$ _____
RRSP income	\$ _____	Credit card payments	\$ _____
Other income	\$ _____	Insurance (list all types): Life	\$ _____
TOTAL MONTHLY FAMILY INCOME	\$ _____	House	\$ _____

<u>CURRENT FAMILY ASSETS</u>		<u>FAMILY EXPENSES (Monthly)</u>	
Cash on hand (in bank and elsewhere):	\$ _____	Auto	\$ _____
Investments (Shares, GICs, Term Deposits, Bonds, RRSPs, etc.)	\$ _____	Medical	\$ _____
Equity in home (if owned):	\$ _____	Total Insurance:	\$ _____
Equity in furniture, tools, recreational vehicles, boats, cabins, etc.	\$ _____	Other expenses (Itemized (e.g. property tax))	\$ _____
Automobiles: Make _____ Yr. _____		_____	\$ _____
Make _____ Yr. _____		_____	\$ _____
Insurance surrender value (if any):	\$ _____	TOTAL MONTHLY FAMILY EXPENSES:	\$ _____
Other tangible assets (list if any): <i>(Please use additional paper if required)</i>	_____		
TOTAL FAMILY ASSETS	\$ _____		

14. Are there any other major debts? Yes No
 If yes, please list them with amounts owed. _____

LODGE INFORMATION

15. Please state **SPECIFICALLY** the help your lodge requests from the Fund: one lump sum payment of \$ _____ for the purpose of _____ and/or monthly payments of \$ _____ per month for _____ months.

16. As the first responsibility for benevolence lies with the Lodge, please outline in detail what assistance your Lodge has already given to relieve the petitioner's distress _____

17. If no assistance given, please explain why _____

18. Will your Lodge be able to render assistance in the future? Yes No

If no, please explain _____

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 the North or South 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.