

Grand Lodge of Mark Master Masons Mark Benevolent Fund

Every petition submitted by a Provincial or District Grand Almoner must be forwarded to its Provincial or District Grand Secretary for his report before forwarding to the Honorary Secretary, The Mark Benevolent Fund, 86 St. James's Street, London SW1A 1PL

1. PETITION FOR RELIEF GRANT	BROTHER / WIDOW / DEPENDENT <i>(Please delete which is not applicable)</i>	CASE NUMBER <input style="width: 100%;" type="text"/>
2. APPLICANT'S NAME	<input style="width: 40%;" type="text"/> <input style="width: 40%;" type="text"/> <i>(Initials)</i>	<input style="width: 100%;" type="text"/> <i>(Surname)</i>
3. FORENAMES IN FULL	<input style="width: 100%;" type="text"/>	
	4. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i> <input style="width: 100%;" type="text"/>	
5. ADDRESS	(i) <input style="width: 100%;" type="text"/>	
	(ii) <input style="width: 100%;" type="text"/>	
	(iii) <input style="width: 100%;" type="text"/>	
	(iv) <input style="width: 100%;" type="text"/>	
	(v) <input style="width: 100%;" type="text"/>	
		(vi) POSTCODE <input style="width: 100%;" type="text"/>
6. PROFESSION / OCCUPATION	<input style="width: 100%;" type="text"/>	
7. SPONSORING PROVINCE / DISTRICT	<input style="width: 100%;" type="text"/>	
8. DATE OF BIRTH OF APPLICANT	<input style="width: 30%;" type="text"/>	9. SPOUSE DATE OF BIRTH <i>(If not Deceased)</i> <input style="width: 30%;" type="text"/>

10. INCOME PER WEEK		EXPENDITURE PER WEEK		
	PETITIONER	SPOUSE		
FULL TIME EMPLOYMENT	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	MORTGAGE (Interest only) Please state whether this is paid by APPLICANT or DWP	£ <input style="width: 50%;" type="text"/>
PART TIME EMPLOYMENT	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	MORTGAGE (Capital Repayment)	£ <input style="width: 50%;" type="text"/>
WORKING TAX CREDIT	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	NET RENT PAYABLE	£ <input style="width: 50%;" type="text"/>
RETIREMENT PENSION	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	GROUND RENT	£ <input style="width: 50%;" type="text"/>
PENSION CREDIT*	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	COUNCIL TAX (NET PAYABLE)	£ <input style="width: 50%;" type="text"/>
OCCUPATIONAL PENSION	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	WATER RATES	£ <input style="width: 50%;" type="text"/>
INCOME SUPPORT	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	ELECTRICITY	£ <input style="width: 50%;" type="text"/>
JOB SEEKERS ALLOWANCE	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	GAS	£ <input style="width: 50%;" type="text"/>
INCAPACITY BENEFIT	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	SOLID FUEL / OIL	£ <input style="width: 50%;" type="text"/>
ATTENDANCE ALLOWANCE	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	INSURANCE (House & Contents Only)	£ <input style="width: 50%;" type="text"/>
DISABILITY LIVING ALLOWANCE	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	TELEPHONE	£ <input style="width: 50%;" type="text"/>
MOBILITY ALLOWANCE	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	TELEVISION (Rental Including Licence)	£ <input style="width: 50%;" type="text"/>
CARER'S ALLOWANCE	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	GARDEN MAINTENANCE	£ <input style="width: 50%;" type="text"/>
INTEREST FROM INVESTMENTS	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	HOME HELP CHARGES	£ <input style="width: 50%;" type="text"/>
OTHER INCOME OR STATE AID	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	FOOD & HOUSEHOLD GOODS	£ <input style="width: 50%;" type="text"/>
TOTAL	£ <input style="width: 50%;" type="text"/>	£ <input style="width: 50%;" type="text"/>	CAR, FUEL MAINTENANCE, MOT ETC	£ <input style="width: 50%;" type="text"/>
			BANK LOAN / Overdraft / Credit Cards Repayment	£ <input style="width: 50%;" type="text"/>
			TOTAL	£ <input style="width: 50%;" type="text"/>

**(N.B. a copy of the Department of Works and Pensions Assessment notice is required if the PENSION CREDIT box is completed)*

11. DETAILS OF PETITIONERS CAPITAL			
CAPITAL / SAVINGS :- Please give details of ALL funds held			
CURRENT ACCOUNT	£ <input style="width: 50%;" type="text"/>	POST OFFICE	£ <input style="width: 50%;" type="text"/>
DEPOSIT ACCOUNT	£ <input style="width: 50%;" type="text"/>	PREMIUM BONDS	£ <input style="width: 50%;" type="text"/>
BUILDING SOCIETY	£ <input style="width: 50%;" type="text"/>	SAVINGS CERTIFICATES	£ <input style="width: 50%;" type="text"/>
		RETIREMENT BONDS	£ <input style="width: 50%;" type="text"/>
		OTHER	£ <input style="width: 50%;" type="text"/>

INVESTMENTS (CURRENT MARKET VALUE), PEPs, ISAs SHARES, ETC *(Please give details on the reverse)*

GRANTS RECEIVED

THE PETITIONER HAS RECEIVED THE FOLLOWING GRANTS FROM:

THE MARK BENEVOLENT FUND	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
THE GRAND CHARITY (CRAFT)	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
MASONIC TRUST FOR GIRLS AND BOYS	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
PROVINCIAL GRAND LODGE (CRAFT)	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
PROVINCIAL GRAND LODGE (MARK)	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
LODGE CRAFT	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
TOTAL AMOUNT £		<input type="text"/>		

VISITING BROTHER'S REPORT

HAVING REGARD TO THE PETITIONERS FORMER CIRCUMSTANCES AND THE EFFECTS OF NOW HAVING TO MAINTAIN HIMSELF / HERSELF ON A LIMITED INCOME ALSO ANY OTHER ITEM OF EXPENDITURE WHICH IT IS FELT SHOULD BE MADE KNOWN TO THE GENERAL BOARD.

DETAILS OF VISITING BROTHER

NAME *(In block letters)*

(Initials) *(Surname)*

FORENAMES IN FULL

LODGE No.

ADDRESS

(i)	<input type="text"/>
(ii)	<input type="text"/>
(iii)	<input type="text"/>
(iv)	<input type="text"/>
(v)	<input type="text"/>
	(vi) POSTCODE <input type="text"/>

E-MAIL

TELEPHONE HOME WORK

MOBILE

SIGNATURE DATE

PLEASE PROVIDE A REPORT ON A SEPARATE SHEET OF PAPER ONLY
IF YOU THINK IT IS NECESSARY TO EXPLAIN FURTHER DETAILS

