Application for Assistance Ferguson-Sawyer Benevolent Fund

Grand Chapter of New Hampshire
Order of the Eastern Star

Name	Date		
Current Address	Telephone No		
City/Town	State	Zip	
How long have you lived at this location?	If less than 5 years, include former address:		
AgeSpouse		Age	
Member of	Chapter No	oHow long?	
Note: Attach a copy of your current year's dues	s card to show that you are a	member in good standing.	
Reason for Assistance at this time (What has ch	nanged requiring financial hel	p)?	
Have you applied for assistance from any other S.S.I., Aid to families with dependent children,		•	
Yes □ No □ If yes, list belo	W		
Person who may be contacted for further inquir Name	•	nship	
Address			
City/Town	Zip Teler	phone No	

What amount of money to y	you feel you n	eed?				
Term of assistance anticipat	ted: One	time 🗆 📑	Monthly ☐ If monthly, how many months?			
State briefly any other perting	inent informati	ion				
Please complete the followi	ing informatio					
			Information			
	onthly Income			Average Monthly Expenses		
Source		Amount		Item	Amount	
Wages Social Society		ı	Rent/Mortg	gage		
Social Security		<u> </u>	Taxes			
Interest/Dividends		<u> </u>	Heat	~		
SSI Food Stamps		<u> </u>	Electricity/0	Gas		
Food Stamps Fuel Assistance	+	ı	Telephone Health Insu			
Other		<u> </u>		ental not reimbursed		
Other			Other	illai not remoursea		
	+		Other			
		·	+			
		<u> </u>				
	Total	<u> </u>		Т	Total	
		Additio	onal Assets			
		Туре		Amount		
	Checking A					
	Savings Acc					
	Real Estate					
	Stocks/Bone					
	Other					
			Total			
Cianatura of Applicant				Date		
Signature of Applicant				Daw		
For Committee use only:						
•					_	
Application Received		Committee Mo	et	Approved	i: Yes □ No □	
Signed	Date:					