

PAUL REVERE LODGE #130 BENEVOLENCE INTERVIEW FORM

Name of person requesting assistance:

Address:

Age ____ Date of Birth _____ Marital Status _____

Relationship of applicant to a member of this Lodge (Self, wife, widow, child, orphan) _____

List the dependents of this household with the age and employment status of each: _____

1. Is the above applicant qualified to receive Lodge benevolent assistance by being a member of your Lodge, a dependent or a widow/orphan of a deceased member? (Yes or No) _____

(Comments) _____

2. Does the above applicant or any dependent have prospects of increased income from current or additional employment? (Yes or No) _____

(Comments) _____

3. Has the above applicant examined their expenditures to eliminate unnecessary expenses and reduce their total expenses? (Yes or No) _____

(Comments) _____

4. Has the above applicant investigated Medicaid, Food Stamps and other available assistance and applied for any that would be appropriate for the current situation? (Yes or No) _____ (Results) _____

5. Does the above applicant have equity in assets (such as home, auto, life insurance or investments) that would help provide relief? (Yes or No) _____

(Comments) _____

6. What is the total amount of liquid Lodge assets (checking, savings, investments)?

Amount budgeted for benevolence? \$ _____ Lodge benevolence provided this year? \$ _____

7. Does this request require faster than normal response? If so, why?

8. Other Comments (continue on reverse, if needed)

I have reviewed the attached Monthly Financial Analysis Worksheet with the applicant and believe that it is accurate, complete and presents a fair summary of the applicant's financial condition.

Lodge Member Appointed by Senior Warden to Conduct This Interview

Print Name: _____

Telephone #: _____

Email: _____

Interview Date: ____ / ____ / ____