

# Masonic Benevolent Institutions

MASONIC GIRLS BENEFIT FUND - MASONIC BOYS BENEFIT FUND - VICTORIA JUBILEE MASONIC BENEVOLENT FUND - MASONIC WELFARE FUND

Telephone  
Dublin 679 6799  
679 5465  
676 1337  
662 4485  
Fax 676 1002

17 -19 MOLESWORTH STREET,  
DUBLIN 2  
E-mail: boys\_girls@freemason.ie  
or  
vj\_haven\_welfare@freemason.ie

***Lodge Secretaries and Almoners should note that all Provincial signatures must be obtained before any Application Form is submitted to Molesworth Street for consideration.***

*Janice Griffin*

*With Our Compliments*

Lodge No.

MASONIC WELFARE FUND

17/19 Molesworth Street,  
Dublin, 2.

Telephone 679 6799 / 679 5465

Fax 676 1002

E-Mail [vj\\_haven\\_welfare@freemason.ie](mailto:vj_haven_welfare@freemason.ie)

Any distressed Freemason of the Irish Constitution or any distressed dependant of such a Freemason shall be eligible for relief from the Fund provided the Freemason is or was a subscribing member of a Lodge under the Irish Constitution. The Board may, at their discretion and subject to Grand Lodge guidelines, give relief to a worthy cause outside the Order.

Surname of Applicant ..... First names .....

Address .....

Date of Birth ..... Age .....

Tel. Number ..... E-Mail .....

Details of Masonic Connection

Name ..... Occupation .....

Lodge No. .... Meeting Place ..... Date of Joining .....

Date of death (if applicable) .....

Details of project / problem for which assistance is required: .....

.....  
.....  
.....  
.....  
.....

Details of any other Masonic Lodge assistance .....

.....

Applications will normally be considered by the Board at their quarterly meetings.

Lodge recommendation

We, the undersigned, being Master, Almoner and Secretary, for the time being, of Masonic Lodge No. .... Meeting at ..... in the County of ..... hereby certify that Brother ..... is / was a subscribing member of this Lodge from ..... up to ..... . The application was considered by the Lodge at its meeting on the ..... day of ..... when it was agreed the application should be submitted for consideration by the Board of the Masonic Welfare Fund.

Dated this ..... day of .....

..... Worshipful Master  
..... Almoner  
..... Secretary

**PROVINCIAL RECOMMENDATION**

We recommend this Application for consideration by the Board of Masonic Welfare Fund.

Regional Welfare Committee (if applicable) Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Provincial) G.L. Almoner Signed \_\_\_\_\_ Date \_\_\_\_\_  
P.G.L. Rep. to M.W.F. Signed \_\_\_\_\_ Date \_\_\_\_\_

It is the responsibility of the Lodge Secretary to ensure that **all** signatures are obtained before returning the Application to:-

The Secretary, Masonic Welfare Fund, 17 / 19 Molesworth Street, Dublin, 2.

## Review Form for Masonic Welfare Fund

Lodge No. \_\_\_\_\_ Charity C'tee \_\_\_\_\_ Tel. No. Sec./Alm \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Tele. \_\_\_\_\_

	Dependant relatives living with Annuitant		
Name	Date of Birth	Relationship	Income per week

Do you pay for Medical treatment on a regular basis Yes / No \_\_\_\_\_ If yes, Approx. cost p.a. \_\_\_\_\_

Do you receive a Rent / Rates Rebate Yes / No \_\_\_\_\_ If yes, amount per week \_\_\_\_\_

Total amount of Capital (if any) \_\_\_\_\_

**Income & Expenditure WEEKLY** (Monthly figures should be multiplied 12 & divided by 52)

	Income per week		Expenditure per week
Retirement / Old Age Pension	_____	Rent nett	_____
Widows Pension	_____	Mortgage	_____
Income Support	_____	Ground Rent	_____
Child Benefit	_____	Rates nett	_____
Incapacity Benefit	_____	Special Dietary Expenditure	_____
D.L.A. Mobility	_____	Motability Car Lease	_____
D.L.A. Care Component	_____	Home Help / Carer	_____
Attendance Allowance	_____	Medical Expenditure	_____
All other benefits	_____	Car / Travel Expenditure	_____
Wages nett (if any)	_____		
Works / Private Pensions	_____		
Interest from Savings/Investments	_____		
Land holding Income	_____		
<b>Total Income</b>	_____	<b>Total Expenditure</b>	_____

I certify that the above information is correct. Signed \_\_\_\_\_ Applicant

In the presence of, Signed \_\_\_\_\_ Lodge Almoner / Other

Office use only. Reg. No.	Definable Income per week	Recommended grant
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***Applications must be accompanied by current P60  
and / or Annual Accounts where applicable***

**MASONIC WELFARE FUND**

**VISITING BROTHER'S REPORT**

on behalf of \_\_\_\_\_ of Lodge No. \_\_\_\_\_

*Purpose of Application:*

*Any other relevant information:*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Phone No. (daytime) \_\_\_\_\_

***Please enclose all relevant invoices and / or estimates and / or quotations and / or receipts for work carried out or to be carried out.***