Wisconsin Eastern Star Foundation Application for Financial Assistance

Applicant Information

Name: (LAST)	(FIRST)	(MIDDLE NAME)
Date of Birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous Address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?

I am currently a member in good standing of Eastern Star Chapter No. for years.

Attach a photocopy of your current dues card or demit. Email address:

Total # of persons living in my household? How many of these persons are your dependents?

List All - Name (Last, First, Middle Name)	Age	Relationship	Monthly Income $

List all other Masonic Affiliations (use reverse side if necessary):

I am requesting consideration for financial assistance for the following liabilities: List below and provide most recent billing statement(s). Billing statements cannot be more than 2 months old from date of application. Failure to provide any of the requested information may result in a delay of your application or its denial.

*Please note. If approved, payments are generally made to third parties (landlord, mortgage institution, utility company etc.).

	Amount $
Housing – Rent Receipt or Mortgage Statement :	
Utility - Telephone:	
Utility – Electric:	
Utility – Natural Gas/Propane:	
Medical, Dental or Mental Health Treatment Expenses:	
Nutrition or Food Expenses:	
Transportation Costs:	
Specialized Equipment or Supplies:	
Financial Assistance (list reason(s):	
Personal/ Household Goods and Services:	
Health Insurance Premium(s):	
Other assistance as needed (explain what you need help with. Attach additional sheets if necessary):	
Total $ Amount Requesting:	

Applicant Employment Information (if more than two employers, attach additional sheet(s) with information Attach copy of most recent pay stub)		
Current Employer:		
Employer Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

Current employer:		
Employer address:		How Long?
Phone:	E-mail :	Fax:
City:	State	Zip Code
Position:	Hourly Salary (Please circle)	Annual Income

Monthly Household Income ($)	Applicant	Spouse	Others in Household
Employment Income:			
Social Security:			
Annuity(1):			
Pension:			
Investment Income:			
Food Stamps/Quest:			
Rent Assistance:			
SSI:			
Energy Assistance:			
Unemployment Benefits:			
Child support:			
Legal Settlement(s):			
Other assistance not listed above:			
Other assistance not listed above:			
Total Income ($)			

Annuity Information: Are there survivor benefits? Yes or No (circle one) Can Payment amounts Change Yes or No (circle one)
Is there a termination date? Yes or No (circle one) If so, when: _____

Is this application for an amount greater than $1,000.00? Yes _____ No_____ If Yes, applicant must sign this income statement.

I state that the above income statement is complete and accurate to the best of my knowledge.

Applicant Signed _____ Date: _____

Expenses ($)	Monthly ($)	Balance Owed ($)
Rent/Mortgage (residence):		
Rent/Mortgage (other property):		
VISA:		
Master Card:		
Other Charge Card:		
Other Charge Card:		
Other Charge Card:		
Taxes:		
Vehicle Insurance(s):		
Loan Payment Vehicle #1 (indicate if you do not own):		
Loan Payment Vehicle #2(indicate if you do not own):		
Loan Payment Vehicle #3 (indicate if you do not own):		
Loan Payment Snowmobile(s) (indicate if you do not own):		
Loan Payment Motorcycle(s) (indicate if you do not own):		
Loan Payment Boat(s) (indicate if you own):		
Health Insurance:		
Supplemental Health Insurance:		
Medications/Prescriptions:		
Medical, Dental or Mental Health Treatment Expenses:		
Utility - Electricity:		
Utility - Natural Gas/Propane:		
Utility - Internet:		
Utility - Cable:		
Utility - Cell phone:		
Utility - Telephone:		
Utility - Water/Sewer:		
Transportation:		
Child Support:		
Nutrition Food:		
Personal Other (describe)		
Other (describe)		
Other (describe)		
Other (describe)		
Total Expenses ($) Attach additional sheet(s) if necessary		

Household Assets	Total ($)
Cash/Checking*:	
Savings & Certificates of Deposit*:	
Stocks, Bonds & Mutual Funds*:	
Other Investments*:	
Money Market*:	
Trusts*:	
Residence (net market attach latest tax statement):	
Real Estate (other) (net market attach latest tax statement):	
Cash Surrender Value of All Life Insurance Policies:	
All Vehicles (from page 3):	
Funeral Trust:	
Other Assets (livestock):	
Recreational Vehicle(s) (from page 3):	
Snowmobile(s) (from page 3):	
Motorcycle(s) (from page 3):	
Boat(s) (from page 3):	
Art, coins or collectables:	
Other Assets (describe – attach additional sheet if necessary):	
Other Assets (describe – attach additional sheet if necessary):	
Total Assets ($)	

*Please attach most recent statements with application – failure to provide any of this information may result in the delay of your application or denial of the application.

Is your residence currently on the market? Yes No N/A (circle one)

How much is your annual property taxes and insurance on your property (ies)?

If you included trust assets on the application, please describe the nature of the trust:

Have you divested or given away any assets in the past 6 months?

Have you applied to any other organizations for relief or financial assistance for the same items requested on this application? If so, list the items and current disposition of your application (s).

*Optional Needs Assessment – Tell us your story on the reverse of this page so we may better understand your need for assistance.

***** I authorize the verification of any and all the information provided on this form. I have made a copy of this application for my records.

SIGNATURE OF APPLICANT: DATE:

COMPLETED FOR THE APPLICANT BY: DATE :

RELATIONSHIP TO APPLICANT:

APPLICATIONS MUST BE RECEIVED IN THE EASTERN STAR OFFICE NO LATER THAN TEN (10) DAYS PRIOR TO THE 2ND FRIDAY OF MARCH, JUNE, SEPTEMBER. AND DECEMBER.

MAIL APPLICATIONS TO: WISCONSIN OES FOUNDATION, GRAND CHAPTER OES OF WISCONSIN, 275 SUNSET DRIVE, DOUSMAN, WI, 53118-9349.

QUESTIONS: 262-965-3910. NORMAL BUSINESS HOURS: 9am 4pm.

NOTIFICATION OF THE ACTIONS OF THE FOUNDATION'S DECISION UPON THIS APPLICATION WILL BE MADE EITHER VERBALLY OR IN WRITING TO THE APPLICANT WITHIN 15 DAYS OF THE FOUNDATION'S MEETING. ALL DECISIONS ARE FINAL.

APPLICANTS ARE ELIGIBLE TO APPLY FOR FUNDS NO MORE THAN ONCE EVERY 7 MONTHS.

ADDITIONAL INFORMATION ABOUT THE ORDER OF THE EASTERN STAR MAY BE OBTAINED AT WWW.WIOES.ORG OR WRITE TO WISCONSIN GRAND CHAPTER – ATTENTION GRAND SECTETARY, 275 SUNSET DRIVE, DOUSMAN, WI 53118-9349. QUESTIONS MAY BE DIRECTED TO THE OFFICE AT 1-800-242-2307 (WITHIN WISCONSIN) OR 262-965-2200 DURING NORMAL BUSINESS HOURS.

FOR FOR FOUNDATION USE:

DATE RECEIVED:	RECEIVED BY:

ACTION OF THE FOUNDATION:

OES FOUNDATION APPLICATION = REVISED DECEMBER, 2025