

**MICHIGAN ODD FELLOW & REBEKAH**  
**MEMBERS RELIEF BOARD**  
OFFICIAL APPLICATION

DATE \_\_\_\_\_

I, \_\_\_\_\_, request my Lodge,  
\_\_\_\_\_, No. \_\_\_\_\_, of  
\_\_\_\_\_, MI. to certify this application request for  
assistance from the Odd Fellow & Rebekah Members Relief Board.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name/Address/Phone of (2) Emergency Contact Persons


Phone \_\_\_\_\_ Phone \_\_\_\_\_

**NOTICE TO APPLICANT**

Full and complete disclosure is required for consideration of this application for assistance. **Please complete the financial disclosure form and submit it along with this application form. You may be contacted by the Members Relief Board for clarification of any information.** All information obtained will be confidential. By affixing my signature or mark below, I, as applicant acknowledge that I have read and completed the form.

Signed \_\_\_\_\_

*Applicant*

**NOTE: Lodge Secretary to complete the top section on reverse side before giving packet to member.**

# CERTIFICATION

The responsibility of the lodge secretary is to verify the length of membership and the good standing of the applicant.

This is to certify that \_\_\_\_\_ was admitted into membership of (Lodge) \_\_\_\_\_ No. \_\_\_\_\_ of \_\_\_\_\_ on (date) \_\_\_\_\_ and has held continuous membership for at least fifteen (15) years, is in good standing and is eligible to be considered for assistance. If the applicant has transferred into the lodge, complete the following information giving dates and lodge numbers.

\_\_\_\_\_ was admitted to membership into (Lodge) \_\_\_\_\_ No. \_\_\_\_\_ on \_\_\_\_\_ and transferred into (Lodge) \_\_\_\_\_ No. \_\_\_\_\_ on \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Noble Grand

\_\_\_\_\_  
Secretary

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**Do not write below this line. Board use only.**

*Mail to: Grand Lodge of Michigan  
Members Relief Board  
P O Box 386  
Litchfield, MI 49252*

No. \_\_\_\_\_  
Received \_\_\_\_\_  
Accepted  Rejected   
Referred to \_\_\_\_\_  
Interviewed \_\_\_\_\_  
Disposition \_\_\_\_\_  
Assistance Amount \_\_\_\_\_  
Length of Assistance \_\_\_\_\_

**MEMBERS RELIEF BOARD  
MEMBER'S FINANCIAL DISCLOSURE FORM**

**NOTE: To insure proper consideration of this application, all questions must be answered in full, and all blanks must be filled in. (Use N/A if amount is nothing.)**

1. List your total regular monthly income.

Social Security:	Applicant \$ _____	Spouse \$ _____	Total \$ _____
S.S.I.:	Applicant \$ _____	Spouse \$ _____	Total \$ _____
Other Retirement:	Applicant \$ _____	Spouse \$ _____	Total \$ _____
Other Income:	Applicant \$ _____	Spouse \$ _____	Total \$ _____
<b>Total Regular Monthly Income</b>			<b>Total \$ _____</b>

2. List any other income producing securities you own (CDs, Bonds, Stocks, etc.)  
The value and the monthly income or yield.

Item _____	Value \$ _____	Income \$ _____
Item _____	Value \$ _____	Income \$ _____
<b>Total Monthly Income of Securities</b>		<b>\$ _____</b>

3. Do you own or share ownership in any income producing real estates? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list the address, legal description or number of acres and the approximate monthly income.

Item _____	Value \$ _____	Income \$ _____
Item _____	Value \$ _____	Income \$ _____
<b>Total Approximate Monthly Real Estate Income</b>		<b>\$ _____</b>

4. Does anyone owe you money? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, is there an arrangement for repaying? Yes \_\_\_\_\_ No \_\_\_\_\_ List any amount owed you and any monthly re-payment amount. Value \$ \_\_\_\_\_ Monthly Payment Amount \$ \_\_\_\_\_

5. If you own your own home, what is its approximate value \$ \_\_\_\_\_  
Furniture & Fixtures \$ \_\_\_\_\_  
**Total Value \$ \_\_\_\_\_**

6. Cash on Hand and in banks.

Cash	Applicant \$ _____	Spouse \$ _____	Total \$ _____
Checking	Applicant \$ _____	Spouse \$ _____	Total \$ _____
Savings	Applicant \$ _____	Spouse \$ _____	Total \$ _____
<b>Total Value</b>			<b>\$ _____</b>

7. List other assets.

Asset _____	Age _____	Value \$ _____
Asset _____	Age _____	Value \$ _____
Asset _____	Age _____	Value \$ _____
Asset _____	Age _____	Value \$ _____
<b>Total Value</b>		<b>\$ _____</b>

8. Cash value of any life insurance, less any amount borrowed against it.  
Applicant \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**TOTAL ASSETS \$ \_\_\_\_\_**

**(OVER)**

No. \_\_\_\_\_

**MEMBERS RELIEF BOARD**  
**MEMBER'S FINANCIAL DISCLOSURE FORM**

9. If you or your spouse live in a nursing home, or assisted care facility, please provide the name of the facility.

Facility \_\_\_\_\_

What is the monthly fee or charge? \$ \_\_\_\_\_

10. If you live in your own home, is there a monthly mortgage payment? Yes \_\_\_\_ No \_\_\_\_

If so, what is the amount? \$ \_\_\_\_\_

11. If you rent the home where you live, what is the monthly rent payment \$ \_\_\_\_\_

12. If you pay your own utility bill, what are the monthly averages?

Electric \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Water \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_ Trash Removal \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

13. If you require prescription drugs, please list your average monthly cost \$ \_\_\_\_\_

14. List any supplemental medical or health insurance, other than Medicare or Medicaid, that you make payments on:

Company \_\_\_\_\_ Cost per month \$ \_\_\_\_\_

Company \_\_\_\_\_ Cost per month \$ \_\_\_\_\_

Company \_\_\_\_\_ Cost per month \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**

15. List any outstanding debts, other than real estate, (cars, trucks, machinery, furniture, credit cards, etc.) on which you make monthly payments.

Item \_\_\_\_\_ Cost \$ \_\_\_\_\_ Payment \$ \_\_\_\_\_

Item \_\_\_\_\_ Cost \$ \_\_\_\_\_ Payment \$ \_\_\_\_\_

Item \_\_\_\_\_ Cost \$ \_\_\_\_\_ Payment \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**

16. List any other expenses that you have each month that should be considered by the Board.

Item \_\_\_\_\_ Payment \$ \_\_\_\_\_

Item \_\_\_\_\_ Payment \$ \_\_\_\_\_

Item \_\_\_\_\_ Payment \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**

**Total Expenses (9-16) \$ \_\_\_\_\_**

**TOTAL SPENDABLE INCOME \$ \_\_\_\_\_**

No. \_\_\_\_\_

**MEMBERS RELIEF BOARD**  
**MEMBER'S FINANCIAL DISCLOSURE FORM**

17. What type of assistance are you requesting:

- |                                      |  |                                       |
|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Medicines   | <input type="checkbox"/> In-Home Assistance        | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Utilities   | <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Food         |
| <input type="checkbox"/> Other _____ |  |                                       |

18. **Other comments you wish the board to consider in making their decision:**

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**For Board Use Only**

**Total Income**        \$ \_\_\_\_\_

**Total Expenses**    \$ \_\_\_\_\_

**Other Deductions**   \$ \_\_\_\_\_

**Total Spendable Income** \$ \_\_\_\_\_

**Comments:**

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