338 Grapevine Hwy.
Hurst, Texas 76054
phone: 817.503.1500
toll-free: 877.203.9111
fax: 817.503.1551
web: www.mhstx.org

Widow's Application for Hurricane Harvey Assistance

Application Requirements & Procedures:

- The applicant must be a widow of a Texas Master Mason in good standing (all dues paid) on the date of his death.
- Approval is based solely on need.
- The ultimate determination will be made by Masonic Home and School of Texas in its sole discretion.

General Information:

- All questions in the Application must be answered fully and completely or the Application will be returned as incomplete.
- The Lodge of which the deceased Brother was a member should sponsor this Application.
- All completed Applications should be given to the District Deputy and the District Deputy will submit the Application to Masonic Home and School of Texas on the widow's behalf.
- The widow will be notified of approval status by Masonic Home and School of Texas.
- Funding will not exceed $1,000 per widow.
- All Applications must be submitted to Masonic Home and School of Texas no later than **January 31, 2018** for consideration.
- **Applications can be emailed to** amy@mhstx.org**, faxed to 817-503-1551 or mailed to 338 Grapevine Highway Hurst, TX 76054. If you have any questions, please call us at 817-503-1500.**

CHECKLIST

☐ Answer each question on the application.

☐ Signature of Worshipful Master, Lodge Secretary, and District Deputy are REQUIRED on page 1.

☐ Signature of Widow Applicant is REQUIRED under Authorization section of page 2.

☐ Signature of Widow Applicant is REQUIRED under the Consent for Release of Information on page 2.

Widow's Application for Hurricane Harvey Assistance

WIDOW'S PERSONAL DATA
To be completed by applicant. Please print clearly.

Last Name	First Name	Middle Initial

Street Address	Apt #

City	State	County	ZIP

Date of Birth *(Mo/Day/Yr)*	Email Address:

Are you employed?	If so, name of employer:	Are there any other adults living in the household? If so, what is their relationship?

LODGE INFORMATION
Deceased husband's information

Deceased Husband's Lodge:

Deceased Husband's Name	Deceased Husband's Lodge Name and Number

Lodge Street Address

Lodge City	State	County	Lodge ZIP

Best Lodge Phone Number	Alternate Lodge Phone Number

Lodge Email

The Lodge named above hereby makes application for assistance of this widow. This Lodge recommends applicant as a worthy and proper person to receive assistance.
We further certify that the applicant's deceased spouse was a member of our Lodge, and a Master Mason in good standing (all dues paid) on the date of his death.

Worshipful Master (Signature)	Date

Secretary (Signature)	Date

District Deputy (Signature)	Date

Widow's Application for Hurricane Harvey Assistance

What are you requesting funding for and how much will it cost?
List in order of importance

1.	2.	3.

Damage Information: Describe the damage caused by Hurricane Harvey and attach photos if possible.
Include the type of dwelling or vehicle (like a condo, mobile home, apartment or house, or a car or truck).

Insurance Information: Describe the type(s) of insurance coverage you have.
This could include coverage under policies like homeowners, flood, automobile, or mobile home insurance.
List deductible per policy and any amount of deductible previously paid. Attach policy if possible.

Financial Information: Provide your total annual income, before taxes, at the time of the disaster.
Please specify retirement, widow's benefits, disability, and supplemental social security income.

AUTHORIZATION

I acknowledge that Masonic Home and School of Texas (MHS) will rely on the information in this application while making its decisions about this request. I authorize MHS to consult with, or release information to any person whom they deem necessary to verify this information and the request. I understand it is sometimes necessary for MHS to do this in order to make its decision about my request. This authorization expires one year from the date below.

_____   _____

** SIGNATURE OF APPLICANT **   Date

Widow's Application for Hurricane Harvey Assistance

Masonic Home and School of Texas
Consent for Release of Information

I, _____, voluntarily and hereby give permission to The Grand Lodge of Texas and Masonic Home and School of Texas to release (1) my application; (2) information from my application; and (3) any records, including documents, information, photographs or film which I have provided to, or allowed to be taken by, Masonic Home and School of Texas at this time or may provide, or allow to be taken, at any time in the future (including Individually Identifiable Health Information) and for any information which Masonic Home and School of Texas may receive from third parties to any third party provider services which I am seeking through any Masonic Home and School of Texas program and to any social worker conducting a needs assessment or creating or revising a plan of treatment. I further give my permission to release (1) my application; (2) information from my application; and (3) any records, including documents, plan of treatment information, length of treatment information, photographs or film which I have provided to, or allowed to be taken by, any third party provider or social worker to Masonic Home and School of Texas. I further understand and agree that all such information may be used for budget balancing, and service development.

I further understand and agree that all such information shall be the property of Masonic Home and School of Texas and may be used by Masonic Home and School of Texas for public development and awareness, publicity items, brochures, promotional materials and media releases.

I further understand and agree that in order to receive services under the Masonic Home and School of Texas program, my application may have to be reviewed and approved by one or more members of the Masonic Fraternity and/or Masonic Lodge. I hereby consent to the release of my application for those purposes.

I agree to save and hold harmless, The Grand Lodge of Texas, Masonic Home and School of Texas, their officers, directors, staff and other personnel and agents from any and all action results from this consent.

_____   _____
** SIGNATURE OF APPLICANT **   Date   **MHS Staff Signature   Date**