Central Application for Assistance (Regions)
Form Preview

Assistance Grant Application

Assistance Grant Information and Instructions

In order to complete this application please ensure that you gather the required information outlined in this form.

1. All applications must be submitted or assessed by the Region Charity Officer and approved Divisional Grand Almoner.
2. Monies not used, either surplus or not used for the intended purpose of the grant, must be returned to The Freemasons Charity.
3. Be sensitive with a Brother, remember he has been a giver not a receiver, however need still must be proved.
4. The Freemasons Charity provides relief to those who are in **need**. "Need" can be demonstrated by showing **financial need** or **compassionate grounds** for assistance or by showing both.
    - Not everyone will qualify for assistance so it is essential that **full explanations** are given to demonstrate the basis of **need.**
5. Receipts are **compulsory** and must be uploaded into this system.

If you have any questions in regards to the application process, please contact your Region Charity Officer or charityadmin@freemasonsnz.org.

Incomplete applications will not be considered.

Lodge Details

* indicates a required field

Details of Lodge making application

Region - Central *

Click the dropdown list to select your Region

Lodge Name *

Organisation Name

Lodge Secretary *

First Name

Last Name

Lodge Secretary Primary Email *

Must be an email address.

Is the Lodge Secretary the person filling out the form? *

- ○ Yes
- ○ No

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Lodge Bank Account

Central Division - Lodge *

Bank Account *
Account Name

Account Number

Must be a valid New Zealand bank account format.
XX-XXXX-XXXXXXX-XXX

Region Charity Officer Contact Details

Region Charity Officer *
First Name
Last Name

Is the Region Charity Officer the person filling out the form? *
- ○ Yes
- ○ No

Primary Email *
Must be an email address.

Applicant Details

* indicates a required field

Applicant Details

Name *
Title
First Name
Last Name

Address (start typing and select address) *
Address

Address Line 1, State/Province, and Postcode are required. Country must be New Zealand
Start typing the address and select the correct one.

Email Address

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Does the applicant have a spouse or partner? *
○ Yes ○ No

Does the applicant have children? *
○ Yes ○ No

Spouse / Partner

Name *

First Name

Last Name

Children

Name *
First Name

Last Name

Age *

Must be a number.

Name
First Name

Last Name

Age

Must be a number.

Name
First Name

Last Name

Age

Must be a number.

Name
First Name

Last Name

Age

Must be a number.

Details of the Application

* indicates a required field

Financial information

Please total up all monthly income including WINZ benefits

Is the applicant a WINZ beneficiary? *
○ Yes ○ No

Has the WINZ assistance been reviewed within the last 12 months? *
○ Yes ○ No

Monthly income *

$

Must be a dollar amount.

Monthly expenditure *

$

Must be a dollar amount.

Assets and Liabilities

Please list all assets and liabilities of the applicant including family trusts and businesses.

Assets	**$**	**Liabilities**	**$**
	$		$
	$		$

	$		$

Funding Request

Amount requested? *

$

Total amount cannot exceed $10000

Purpose of assistance *

Outline what the relief is being sought, what the funds will be used for.

What are the relevant compassionate factors? *

Additional informaiton

Do you have any supporting documentation to attach to this application? i.e quotes, invoices etc. *

- ○ Yes
- ○ No

Supporting Documentation

Please attach supporting documentation

Please upload documents here
Attach a file:

Person filling out the form

* indicates a required field

Person filling out the form

Name * First Name Last Name

Only fill this in if you are NOT the Lodge Secretary or the Charity Officer

Position *

Email *

Must be an email address.

Confirmation

* indicates a required field

I certify that...

- I have assessed the applicant's personal circumstance and they are in need of assistance; and
- I have confirmed that appropriate assistance (financial and other) has been sought from other agencies, such as WINZ, budgeting advice, insurance etc
- I am content that granting this application will not create a precedent for further requests; and
- I am satisfied that, from a Freemason's perspective, the relief sought is appropriate.
- As Region Charity Officer, I am supporting the submission of this application to the Divisional Grand Almoner for review and approval.

*

○ Yes
○ No

If you responded 'No' to the above question, please either complete all the requirements of the application or do not submit.