



Masonic Assistance Program (MAP) Application						
<i>Application needs to be resubmitted annually for review.</i>						
Please attach all requirements with application.						
Last Name	First Name	M.I.	Birth Date	Social Security No.	Family Size	
Street and Apt. #	City	State	Zip Code	Home Phone	Cell Phone	
Employer Name & Address				Own	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Rent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work Phone	City	State	Zip Code	Annual Income	Gross Monthly Income	
Masonic Lodge Name, Number and City:					Member in Good Standing?	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical/Dental Insurance	Name of Health Insurance Company			Do you own property?		
Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>		
I am currently covered under:				Print email:		
Medicare and/or Public Aid						
Yes <input type="checkbox"/> No <input type="checkbox"/>						
Spouse and/or Dependent Information						
Last Name	First Name	M.I.	Birth Date	Social Security No.	Cell Phone	
Employer Name				Annual Income		
Employer Address	City	State	Zip Code	Work Phone	Monthly Income	

Checklist:

- I am requesting **MEDICAL ASSISTANCE**.
- I am requesting **DENTAL ASSISTANCE**.
- I reviewed the application and all questions are answered.
- I have attached my most recent Federal Income Tax return.
- I have attached my savings/debit (2 month) bank statements.

Send to:

Ruthie Rivera
Masonic Family Health Foundation, Inc.
836 W. Wellington Ave., CFE Room 189
Chicago, IL 60657
Ruthie.rivera@aah.org (773) 296-7423

All material you provide is held in strict confidence.

I understand that if the above information is untrue, any charity granted to me may be forfeit, future requests may be denied and I will be responsible for payment of all medical bills.

Other Information:

If you have additional documents that may help in making a determination regarding your application, such as large outstanding bills which would show financial hardship, please provide those documents (example: rent or mortgage payments, loan payments, or medical bills, etc..)

Applicant Certification: I certify that the above information is true and complete to the best of my knowledge. I understand that as part of the financial screening process, my employment or credit history may be verified.