

Masonic Assistance Program (MAP) Application						
<b><u>Application needs to be resubmitted annually for review.</u></b>						
<b><u>Please attach all requirements with application.</u></b>						
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"/>		
<b><u>I am currently covered under:</u></b>				<b>Print email:</b>		
<b>Medicare and/or Public Aid</b>						
Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b><u>Spouse and/or Dependent Information</u></b>						
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:**

E-mail to: [ruthie@mfhf.org](mailto:ruthie@mfhf.org)  
 Mail SIGNED copy of this document to:  
 Robert Rylowitz, Executive Director  
 40 S. Main Street Apt 4F Glen Ellyn, IL  
 60137

**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.