



Guide to Completing Application Form - Funeral Grant

Hand Heart Pocket the Charity of Freemasons Queensland, provides Funeral Grants only where hardship is being experienced beyond the normal scope of financial expenses by the family of the deceased i.e. other unexpected costs at the time of a loved ones passing leaving no money to cover funeral costs.

Funeral Grants can only be applied for as a one-off grant. If further assistance is required a full Benevolence Assistance application form must be completed.

All sections of this form must be completed or marked N/A if not applicable.

This form can be completed by any responsible person or family member however it must be checked and signed by the applicant.

Applicant's Details – Section 1

This section provides details of who the assistance contributes to.

If you or your spouse/partner are currently unemployed, please record your previous occupation, the length of that employment and how long you have been unemployed for.

Part a) include details of the main applicant.

Part b) include the applicant's spouse or partner details.

Part c) include details of any dependents, or children the applicant may have. Please include any shared custody arrangements if this is applicable to your situation.

Details of Application – Section 2

Part a) is asking the applicant to explain the circumstances that have led to them requesting funeral assistance. This should include unexpected costs etc.

Please include as much detail as possible when answering this question as this will help us to process your application. Please attach a separate sheet if required.

Financial Details – Section 3

Part a) include details of any benefits you or your spouse/partner are currently receiving or have received in the prior 6 months, such as Centrelink payments etc.

Part b) include details of you and your spouse/partner's Fortnightly Income. Please ensure that all amounts are calculated on a fortnightly basis.

Part c) include details about fortnightly expenses of both the applicant and your spouse/partner. Please ensure that all amounts are calculated on a fortnightly basis and remember to include all items you spend money on each fortnight.

Assets – Section 4 (Items of value)

This section must be completed to help us get a better understanding of your assets (what you own). Please ensure that all estimates of value are current.

Part a) include details of any houses or real estate property that you or your spouse/partner own, or have a mortgage over.

Part b) include details of any savings or investments (including shares, term deposits, bonds or debenture) that you or your spouse/partner may have.

Part c) include details of other items of value you or your spouse/partner might own, or have a loan over, such as a car, boat, caravan etc.

Please list all relevant items and attach a separate sheet if required.

Liabilities – Section 5 (Money owed to other Organisations or People)

This section must be completed to give us a better understanding of what you owe. Please include all amounts of money owed, even if it is a small amount owed to a family member.

Part a) include details of any mortgages for houses or real property the applicant, or spouse/partner may have. Please ensure you fill out the amount currently outstanding as well as the current repayment amount and frequency (eg. Weekly, fortnightly, monthly) and the initial amount borrowed. Please attach a separate sheet if required.

Part b) include details of any other amounts you owe, including credit cards, privately borrowed money etc. Please ensure you fill out the amount currently outstanding as well as the current repayment amount and frequency (eg. Weekly, fortnightly, monthly) and the initial amount borrowed. Please attach a separate sheet if required.

Verification Details – Section 6

You do not have to be a Freemason or have a Masonic connection to apply for benevolence assistance. This section confirms if you have any connection, or affiliations with Freemasonry or that you have a responsible person in the community who is prepared to verify your application.

Part a)

If you are a Freemason, please complete part a) and disregard part b) and c), then continue from section 7.

If you are not a Freemason, please skip part a) and move to part b).

Part b)

If you are a member, or affiliated with any other Masonic Order, please complete part b) and disregard part c) and d), then continue from section 7.

If you are not a member of any other Masonic Order, please skip part b) and move to part c).

Part c)

If you have a Masonic connection, please complete part c) and disregard part d), then continue from section 7.

If you do not have a Masonic connection, please skip part c) and move to part d)

Part d)

If you have answered no at part a), part b) and part c) please complete part d), then continue from section 7.

If you have answered yes at either part a), part b) or part c) please ignore part d), then continue from section 7.

A Responsible Person within the community can be someone such as a Doctor, Lawyer, Justice of the Peace, Social Worker, Accountant, Priest or Minister etc.

Please have the responsible person complete the verification form, to submit with your completed application.

Applicant's Declaration – Section 7

This is the final section of the application form and must be completed to ensure that we are able to assess and process your application.

Part a) is our statement to the applicant reaffirming that this application and the contents of this application are strictly private and will only be used to assess and process the application.

Part b) is the applicant's declaration to us that all the information contained in the application form is correct and nothing has been intentionally omitted, or misstated. It is also the applicant agreeing to Hand Heart Pocket assessing their application and making any relevant enquiries with necessary third parties to verify and assess the accuracy of this application, in order for us to determine the assistance that can be provided.

Please note that qualifying for these payments may impact what you are required to report to the Australian Taxation Office. It will be your responsibility to keep any records that may be required for this purpose as a payment statement is not issued.

Please note that qualifying for these payments may impact any benefits you are currently receiving from Centrelink. You will need to inform Centrelink of this additional assistance, if your application is approved.

Guide to Completing Centrelink Declaration

Your Details – Section 8

This section grants Board of Benevolence, permission from the applicant to access their record of payment from Centrelink, in order to verify accuracy of the application. By signing this section, you consent to Centrelink providing details of your current benefit/payment entitlements to Board of Benevolence employees.

This consent will remain valid while you are receiving assistance from Board of Benevolence, or until you withdraw permission by writing to us.

If permission is withdrawn, we reserve the right to discontinue Benevolence Assistance.

- Enter the name of applicant
- If applicant or spouse/partner are currently receiving Centrelink payments/benefits. Please complete relevant section by providing Name, CRN (Customer Reference Number) and Sign and Date.

Guide to Completing Verification - Funeral Grant

Your Details – Section 9

This section provides details of who is verifying the application for benevolence assistance.

Part a) include your details.

You do not have to be a Freemason or have a Masonic connection to verify a benevolence assistance application. This section confirms if you have any connection, or affiliations with Freemasonry or that you are a responsible person in the community who is prepared to verify the benevolence assistance application.

Part b) If you are a Freemason, please complete part b) and disregard part c) and d), then continue from section 10.

If you are not a Freemason, please skip part b) and move to part c).

Part c)

If you are a member, or affiliated with any other Masonic Order, please complete part c) and part d), then continue from section 10.

If you are not a member of any other Masonic Order, please skip part c) and move to part d).

Part d)

If you have answered no at part b) and part c) please complete part d), then continue from section 10.

If you have answered yes at either part b) or part c) please ignore part d), then continue from section 10.

A Responsible Person within the community can be someone such as a Doctor, Lawyer, Justice of the Peace, Social Worker, Accountant, Priest or Minister etc.

Connection Details – Section 10

Part a) explain how you know the applicant.

Part b) explain how long you have known the applicant for.

Part c) explain how the applicant is/isn't involved with the community and how you believe the community views the applicant.

Application Details – Section 11

Part a) please review the attached application form and confirm that the circumstances that have led to this request for benevolence assistance are true and complete. This could include loss of income, unexpected medical incidents, personal injuries etc. Please also review all other details contained in this application and confirm that all details given are true and complete.

Part b) please make further comments regarding this application.

Your Declaration – Section 12

This is the final section of the verification form and must be completed to ensure that we are able to assess and process this application.

Part a) is our statement to you reaffirming that this application and the contents of this application are strictly private and will only be used to assess and process the application.

Part b) is your declaration to us that, to the best of your knowledge, all the information contained in the application form is correct and nothing has been intentionally omitted, or misstated.

Application – Funeral Grant (Confidential)

All sections of this form must be completed or marked N/A if not applicable.

Applicant's Details – Section 1

- a) Title: Mr Mrs Ms Miss Other: _____ Date of Birth: ____ / ____ / ____
 First Name/s: _____ MI: _____ Surname: _____
 Residential Address: _____
 Phone No: _____ Email: _____
 Occupation*: _____ Length of Employment*: _____
**If currently unemployed please state previous job* How long have you been unemployed for? _____
 Driver Licence No. _____ Please attach a copy – front & back

Please pick the option which best describes your housing situation:

- Own home outright Own home with mortgage Renting Other: _____
 Marital Status: Married Single Sole Parent Widowed De-facto Partnership Separated

b) Spouse/Partner Details:

- Given Name/s: _____ Surname: _____
 Date of Birth: ____ / ____ / ____ Length of Partnership: _____
 Occupation*: _____ Length of Employment*: _____
**If currently unemployed please state previous job.* How long have they been unemployed for? _____

- c) Do you have any dependents? Yes No (if more room is required please attach a separate sheet)

Name	Relationship	Date of Birth	Year Level at School

Details of Application – Section 2 *(If more room is required please attach a separate sheet)*

a) Please describe the circumstances leading to this benevolence assistance application? _____

Financial Details – Section 3

a) Please tick if you or your spouse/partner are currently receiving, or have received any of the following:

Superannuation Payments Dept of Veteran Affairs Benefits

Workers Compensation Payments Redundancy Payment

Centrelink Benefits

Other – Details: _____

b) Fortnightly Income:

	Applicant	Spouse/Partner
Total Income (Salary, Centrelink/Pension, Business Income etc.):	\$ <input type="text"/>	\$ <input type="text"/>
Bank Interest or Investment Income:	\$ <input type="text"/>	\$ <input type="text"/>
Other:	\$ <input type="text"/>	\$ <input type="text"/>

c) Fortnightly Expenses:

(if more room is required please attach a separate sheet)

	Applicant	Spouse/Partner
Mortgage Repayments	\$ <input type="text"/>	\$ <input type="text"/>
Rent	\$ <input type="text"/>	\$ <input type="text"/>
Rates <i>including</i> Water	\$ <input type="text"/>	\$ <input type="text"/>
House and/or Contents Insurance	\$ <input type="text"/>	\$ <input type="text"/>
Vehicle Expenses (Fuel, Insurance, Registration & Maintenance)	\$ <input type="text"/>	\$ <input type="text"/>
Food Expenses	\$ <input type="text"/>	\$ <input type="text"/>
Telephone, Internet Expenses (Home & Mobile)	\$ <input type="text"/>	\$ <input type="text"/>
Electricity/Gas Expenses	\$ <input type="text"/>	\$ <input type="text"/>
Private Health Insurance Expenses	\$ <input type="text"/>	\$ <input type="text"/>
Essential Travel Expenses (GO Card, Bus Tickets etc.)	\$ <input type="text"/>	\$ <input type="text"/>
Medical/Hospital Expenses (including Private Health Insurance)	\$ <input type="text"/>	\$ <input type="text"/>
Credit Card (minimum required fortnightly payment)	\$ <input type="text"/>	\$ <input type="text"/>
Loan Repayments (exc. credit card payments)	\$ <input type="text"/>	\$ <input type="text"/>
Dependent Expenses (School Costs, Health, Insurance etc.)	\$ <input type="text"/>	\$ <input type="text"/>
Other (Life Insurance, Superannuation Payments, Membership Payments etc.)	\$ <input type="text"/>	\$ <input type="text"/>

Assets – Section 4 (Items of value)

a) Property (if more room is required please attach a separate sheet)

Address: _____ Property Value: \$ _____
 Address: _____ Property Value: \$ _____

b) Savings/Investments (if more room is required please attach a separate sheet)

\$ _____	Type: _____
\$ _____	Type: _____
\$ _____	Type: _____
\$ _____	Type: _____

c) Other Assets– Car, Boats, Caravan, Motorbikes, Farm Assets, Business Assets etc.
 (if more room is required please attach a separate sheet)

\$ _____	Type: _____
\$ _____	Type: _____
\$ _____	Type: _____
\$ _____	Type: _____
\$ _____	Type: _____
\$ _____	Type: _____

Liabilities – Section 5 (Money owed to other Organisations or People)

a) Mortgage/s (if more room is required please attach a separate sheet)

Date Commenced	Name of Organisation/Person	Initial Amount Borrowed	Amount Owing	Repayment Amount

b) Other Commitments (Credit Cards, Centrelink Advance/Loans, Overdrafts, Personal Loans, Overdue Accounts, Hire Purchases, Privately Borrowed Money etc.)

(if more room is required please attach a separate sheet)

Date Commenced	Name of Organisation/Person	Initial Amount Borrowed	Amount Owing	Repayment Amount

Verification Details – Section 6

Note: You do not have to be a Freemason or have a Masonic connection to apply for benevolence assistance.

- a) Are you a Freemason?
 Yes* No - please skip to part b)

Is this application being made through a Lodge?

Please note that all applications will be checked with the Lodge unless otherwise specifically requested by the applicant

- Yes No

Lodge Name and Number: _____

Name of Contact: _____

Phone No: _____ Email: _____

Your Date of Initiation: _____

- Are you a member of any other Lodge/s or Royal Arch Chapter/s? Yes No

Please list details: _____

****If you answered yes to part a) please proceed to Section 7***

- b) Are you a member of any other Masonic Order such as Order of the Eastern Star?
 Yes* No - please skip to part c)

Please list details: _____

****If you answered yes to part b) please proceed to Section 7***

- c) Do you have a Masonic Connection?
 Yes* No - please skip to part d)

Name of Connection: _____

Phone No: _____ Email: _____

Relationship with Connection (Friend, Family etc.): _____

****If you answered yes to part c) please proceed to section 7***

- d) Do you have a responsible person in the community who is prepared to verify your application?
 Yes No

Name: _____

Role in the Community: _____

Phone No: _____ Email: _____

How long have you known this person for? _____

Applicant's Declaration – Section 7

a) Protecting Your Privacy

All information provided by you will be treated in accordance with our Privacy Policy and our obligations under the Privacy Act 1988 (COM), Information Privacy Act 2009 (QLD) and the Australian Privacy Principles (APP) and will only be used for internal assessment and processing purposes. You are entitled to request reasonable access to any information we hold about you. A copy of our Privacy Policy will be provided upon request.

b) Declaration

I/We declare that the information given in this application is true and complete and that no details have been intentionally omitted, or misstated. I/We understand that the information provided is used for the sole purpose of assessing and processing this application for Benevolence Assistance. I/We understand that it may be necessary for a representative of Hand Heart Pocket to make further enquiries regarding this application and may contact third parties in order to do so. I/We understand that our name and address may be provided to the contacts outlined in Section 6 in order to verify this application. I agree to repay any overpayment made because of my providing incorrect information or my being found ineligible.

Please note that qualifying for these payments may impact any benefits you are currently receiving from Centrelink. You will need to inform Centrelink of this additional assistance, if your application is approved.

These assistance payments could be assessable income for tax purposes, so please ensure you seek appropriate tax advice in preparing your annual tax return relating to the period of assistance.

Applicant's Name	Signature	Date
Spouse/Partner's Name	Signature	Date

Verification of Funeral Grant Application (Confidential)

All sections of this form must be completed or marked N/A if not applicable.

An applicant does not have to be a Freemason or have a Masonic connection to apply for benevolence assistance. This verification process confirms any connection, or affiliations with Freemasonry or that the applicant has a responsible person in the community who is prepared to verify their application. A responsible person within the community can be someone such as a Doctor, Lawyer, Justice of the Peace, Social Worker, Accountant, Priest or Minister etc.

The applicant has prepared an Application for Benevolence Assistance and has nominated you to be their Responsible Person, if you could please complete the following details, in order for us to verify their application.

Please confirm the following:

Your Details – Section 9

a) Title: Mr Mrs Ms Miss Other: _____ Date of Birth: _____ / _____ / _____

Given Name/s: _____ Surname: _____

b) Are you a Freemason?

Yes

No - please complete skip to part c)

Lodge Name and Number: _____

Position within the Lodge: _____

c) Are you a member of any other Masonic Order such as Order of the Eastern Star?

Yes

No - please skip to part d)

Name and Number: _____

Position: _____

d) Occupation: _____ Length of Employment: _____

Place of employment: _____

Connection Details – Section 10

a) Name of Applicant? _____

b) How do you know the applicant? _____

c) How long have you known the applicant for? _____

d) In your opinion, is the applicant doing everything within their power to remedy their circumstances?

Yes

No

Please explain: _____
