

## **Guide to completing the Application for Benevolence Assistance**

Hand Heart Pocket the Charity of Freemasons Queensland provides benevolence assistance only to individuals in need. This assistance can be either as an emergency one-off payment or as a monthly payment for a period of time depending on the individual's circumstances.

All applications for benevolence assistance are presented to the Board of Benevolence by the CEO of Hand Heart Pocket at their meeting on the fourth Wednesday of each month. To have your application considered in a given month, you must have your application form completed and submitted to Hand Heart Pocket by no later than the second Wednesday of each month.

If successful, all assistance payments are electronically transferred after the Board of Benevolence Board Meeting. A staff member from Hand Heart Pocket will contact you regarding your application and if successful request your bank account details.

Please contact Hand Heart Pocket on (07) 3493 6000 should your application be urgent and require attention prior to this date.

All sections of the application for benevolence assistance must be completed or marked N/A if not applicable.

### **Applicant's details – Section 1**

This section provides details of who will be receiving the assistance.

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.

Part a) include details of the main applicant.

Part b) include the applicant's spouse/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) explain the circumstances that have led to this request for benevolence assistance. This could include loss of income, unexpected medical incidents, personal injuries 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 (e.g. 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 (e.g. 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) and d), 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 part 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), 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), 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 to 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 of Benevolence Assistance Application**

### **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 for Benevolence Assistance (Confidential)

All sections of this form must be completed in full or marked N/A if not applicable to be assessed.  
Incomplete applications cannot be processed.

### 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 License 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 under the age of 16?  Yes  No  
*(if more room is required please attach a separate sheet)*

Name	Relationship	Date of birth	Year level at school



The Board of Benevolence and of Aged Masons, Widows and Orphans' Fund as trustee for the  
**Hand Heart Pocket Benevolent Fund** ABN: 89 391 525 691 Charity No: CH3179  
**Executive Office** Mosaic, Level 1, 826 Ann St, Fortitude Valley Qld 4006 PO Box 1202, Fortitude Valley Qld 4006  
 Tel 07 3493 6000 Fax 07 3112 3960 [www.handheartpocket.org.au](http://www.handheartpocket.org.au)

**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?

**b)** Please advise what assistance you are seeking from Hand Heart Pocket?\_

**c)** Please advise how you found out about Hand Heart Pocket

**Financial details – Section 3**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Superannuation payments       | <input type="checkbox"/> Dept of Veteran Affairs benefits     |
| <input type="checkbox"/> Workers Compensation payments | <input type="checkbox"/> Redundancy payment                   |
| <input type="checkbox"/> Centrelink benefits           | <input type="checkbox"/> Masonic Fund of Benevolence payments |
| <input type="checkbox"/> Other – details: _____        |   |

<b>b) <u>Fortnightly income:</u></b>	<b>Applicant</b>	<b>Spouse/partner</b>
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"/>
Child Support income:	\$ <input type="text"/>	\$ <input type="text"/>
Other:	\$ <input type="text"/>	\$ <input type="text"/>

<b>c) <u>Fortnightly expenses:</u></b>	<b>Applicant</b>	<b>Spouse/partner</b>
<i>(if more room is required please attach a separate sheet)</i>		
Mortgage repayments	\$ <input type="text"/>	\$ <input type="text"/>
Rent	\$ <input type="text"/>	\$ <input type="text"/>
Rates <i>including water</i>	\$ <input type="text"/>	\$ <input type="text"/>
Centrepay (please explain payments)	\$ <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"/>
Child Support expenses	\$ <input type="text"/>	\$ <input type="text"/>
Other (life insurance, superannuation payments, membership payments etc.)	\$ <input type="text"/>	\$ <input type="text"/>

If you have other expenses, please list expenses



**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: \_\_\_\_\_

**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	Repayment amount/frequency (e.g. \$500/mth)	Amount owing	Amount actually being paid

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	Repayment amount/frequency (eg \$500/mth)	Amount owing	Amount actually being paid

**Please provide a copy of your identification, outstanding bills, statements and or any documentation that is applicable to your application.**

**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 agree that the information provided is used for the sole purpose of assessing and processing this application for Benevolence Assistance. I/We agree that it may be necessary for a representative of Hand Heart Pocket to make further enquiries to verify details in this application and may contact necessary third parties in order to do so. I/We agree that our name and address may be provided to the contacts outlined in Section 6 in order to verify this application. I/We agree to repay any overpayment made because of my/our providing incorrect information or 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.

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Applicant's name

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Signature

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Date

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Spouse/partner's name

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Signature

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Date

**Centrelink declaration – Section 8**

I, \_\_\_\_\_ authorise;

- the Board of Benevolence and of Aged Masons, Widows and Orphans' Fund T/A Hand Heart Pocket the Charity of Freemasons Queensland to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details in order to enable the business to determine if I qualify for the benevolence assistance service.
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Hand Heart Pocket the Charity of Freemasons Queensland.

I understand:

- the department will disclose personal information to Hand Heart Pocket the Charity of Freemasons Queensland including my name, payment type, payment status, one off payment, income, assets, deductions, shared care and partner status to confirm my eligibility for relevant benevolence assistance service.
- this consent, once signed, remains valid while I am a customer of Hand Heart Pocket the Charity of Freemasons Queensland unless I withdraw it by contacting Hand Heart Pocket the Charity of Freemasons Queensland or the department.
- I can get proof of my circumstances/details from the department and provide it to Hand Heart Pocket the Charity of Freemasons Queensland so that my eligibility for relevant the benevolence assistance service can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the benevolence assistance service provided by Hand Heart Pocket the Charity of Freemasons Queensland.

Applicant's name	Signature	Date
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**Applicant's CRN:**

			-				-				
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Spouse/partner's name	Signature	Date
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**Spouse/partner's CRN:**

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## Verification of Benevolence Assistance 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:

**Application details – Section 11** *(if more room is required please attach a separate sheet)*

- a) After reviewing the application form with the applicant, to the best of your knowledge, do the facts represented, reflect the current circumstances of the applicant?  
 Yes  No
  
- b) Please make further comments regarding the application:

**Your declaration – Section 12**

- 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 declare that the information given in this form, to the best of my knowledge, is true and complete and that no details have been intentionally omitted, or misstated. I understand that the information provided is used for the sole purpose of assessing and processing an application for Benevolence Assistance for the abovementioned person.

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Name Signature Date