

## **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 spouse/partner 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 spouse / partner 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.

Part a) include the applicant's details.

### **Financial details – Section 2**

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 3 (Items of value)**

This section must be completed to help us get a better understanding of your assets (what you own or have access to). 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, superannuation, bonds or debenture) that you or your spouse/partner may have.



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)

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 4 (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.

#### **Your details – Section 5**

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.

## **Applicant's declaration – Section 6**

### **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
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## **Your details – Section 7**

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.

- 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.

**Your declaration – Section 8**

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.

**Section 1 - Applicant's details (Spouse or partner)**

- a) Title: Mr Mrs Ms Miss Other:\_\_\_\_\_ Date of birth:\_\_\_\_\_
- First name/s:\_\_\_\_\_MI: \_\_\_\_\_ Surname:\_\_\_\_\_
- Residential address:\_\_\_\_\_
- Phone no: \_\_\_\_\_ Email: \_\_\_\_\_
- b) 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

- c) Please describe the circumstances leading to this funeral assistance application?

**Please provide details of the funeral organisation that is assisting you**

- d) Name of Organisation \_\_\_\_\_
- Contact name/s:\_\_\_\_\_
- Business address:\_\_\_\_\_
- Phone no: \_\_\_\_\_ Email: \_\_\_\_\_



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**Financial details – Section 2**

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:**

	<b>Applicant</b>	<b>Spouse/Partner</b>
Total income (salary, Centrelink/pension, business income etc.):	\$	\$
Bank interest or investment income:	\$	\$
Other:	\$	\$

**c) Fortnightly expenses:**

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

	<b>Applicant</b>	<b>Spouse/Partner</b>
Mortgage repayments	\$	\$
Rent	\$	\$
Rates <i>including</i> water	\$	\$
House and/or contents insurance	\$	\$
Vehicle expenses (fuel, insurance, registration & maintenance)	\$	\$
Food expenses	\$	\$
Telephone, internet expenses (home & mobile)	\$	\$
Electricity/gas expenses	\$	\$
Private health insurance expenses	\$	\$
Essential travel expenses (GO Card, bus tickets etc.)	\$	\$
Medical/hospital expenses (including private health insurance)	\$	\$
Credit card (minimum required fortnightly payment)	\$	\$
Loan repayments (exc. credit card payments)	\$	\$
Dependent expenses (school costs, health, insurance etc.)	\$	\$
Other (life insurance, superannuation payments, membership payments etc.)	\$	\$

**Assets – Section 3 (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)

\$ <input type="text"/>	Type: _____
\$ <input type="text"/>	Type: _____
\$ <input type="text"/>	Type: _____
\$ <input type="text"/>	Type: _____

- c) Other assets– car, boats, caravan, motorbikes, farm assets, business assets etc.  
(if more room is required please attach a separate sheet)

\$ <input type="text"/>	Type: _____
\$ <input type="text"/>	Type: _____
\$ <input type="text"/>	Type: _____
\$ <input type="text"/>	Type: _____
\$ <input type="text"/>	Type: _____
\$ <input type="text"/>	Type: _____

**Liabilities – Section 4 (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

**Section 5 - Verification details**

*Note: You do not have to be a Freemason or have a Masonic connection to apply for 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 3***

- 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 6***

- 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 6***

- 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 6**

#### **c) 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.

#### **d) 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. 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 2 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.

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Applicant's name

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Signature

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Date

**Centrelink Declaration – Section 7**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- 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 funeral 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 funeral 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 funeral 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 funeral assistance service provided by Hand Heart Pocket the Charity of Freemasons Queensland.

**Applicant's CRN:**

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## 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 funeral 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 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 8

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

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** *(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**

- a) **Protecting your privacy**

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- 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 Funeral Assistance for the abovementioned person.

\_\_\_\_\_  
Name Signature Date

Please return your form to Hand Heart Pocket at [info@Handheartpocket.org.au](mailto:info@Handheartpocket.org.au) / PO Box 1202 Fortitude Valley Qld 4006