

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

Please provide your contact details and declare your relationship to the deceased.

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.

Assets – Section 3 (Items of value)

This section must be completed to help us get a better understanding of the estate (what is owned or has access to). Please ensure that all estimates of value are current.

Part a) include details of any houses or real estate property that the estate owns.

Part b) include details of any savings or investments (including shares, term deposits, superannuation, bonds or debenture).

Part c) include details of other items of value such as a car, boat, caravan etc.

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



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

Liabilities – Section 4 (Money owed to other organisations or people)

This section must be completed to give us a better understanding of what is owed. 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. 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 declaration – Section 5

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 (On behalf of the Estate or an Individual) – Section 1

* Please complete a) OR b)

- a) Title: Mr Mrs Ms Miss Other: _____ Date of birth: _____
First name/s: _____ MI: _____ Surname: _____
Residential address: _____
Phone no: _____ Email: _____

What is your relationship to the estate or deceased?



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b) Name of Organisation _____
Contact name/s: _____ MI: ____ Surname: _____
Business address: _____
Phone no: _____ Email: _____

What is your relationship to the estate or deceased?

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

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

Applicant's declaration – Section 5

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 funeral 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..

Applicant's name

Signature

Date