

A P P L I C A T I O N
FOR AID FROM
DANIA DANNEBROG SENIOR ASSISTANCE FUND

This application is to be completed as fully as possible and is to be sent to the Grand Secretary of Dania

1. Name of applicant _____

Address _____

2. Date of birth _____ Year of initiation _____

3. Member of branch _____ of _____

4. Has applicant any dependents? Yes [] No []

If yes, please state relationship _____

6. Is applicant owner of own home? Yes [] No []

7. If yes, what are encumbrances thereon, if any? _____

8. Would applicant be willing to give the fund a lien on the estate in the amount of aid advanced?

Yes [] No []

9. Does applicant own cash, stock, bonds or other receivables? Yes [] No []

10. If yes, amount of same? _____

11. Does applicant have any further income? Yes [] No []

12. If yes, of what nature and to what amount – pension – Social Security – other...

Total _____

13. Health of applicant _____

14. Estimate of current living expenses: Housing _____ Food _____ Medical _____

Others _____ **Total** _____

Date _____

Signature of applicant _____

President _____

Secretary _____

Treasurer _____

INVESTIGATING COMMITTEE

(3 Members of applicant's home lodge)

CONFIDENTIAL REPORT

1. Have you determined the fact as stated on this application to be true? Yes [] No []
2. Do you recommend assistance to be given this applicant? Yes [] No []
3. If so, how much would you suggest to be given this applicant? \$ _____
4. State other pertinent data in regard to applicant together with reason for sponsoring this applicant.

Investigating committee's signatures:

1. _____
2. _____
3. _____