



Masonic Assistance Program Application for Medical or Dental Financial Assistance						
<u>Applicant Information</u>						
Last Name	First Name	M.I.	Age	Social Security No.	Family Size	
Street and Apt. #		City	State	Zip Code	Home Phone	Cell Phone
Employer Name and Address						
Street		City	State	Zip Code	Monthly Income	Work Phone
Masonic Lodge Name, Number and City:					Member in Good Standing Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical/Dental Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Insurance Company			Covered by Public Aid? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Affordable Health Care</u> Have you registered in Affordable Health Care? Yes <input type="checkbox"/> No <input type="checkbox"/>				Are you now covered by Affordable Health Care? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<u>Spouse Information</u>						
Last Name	First Name	M.I.	Age	Social Security No.	Cell Phone	
Employer Name and Address						
Street		City	State	Zip Code	Monthly Income	Work Phone

Income Information:

Please provide copies of the following and sign the statement below.

1. Most recent Federal income tax return
2. Most recent bank statement

Send to:

Robert Ryłowicz, Executive Director
 Masonic Family Health Foundation, Inc.
 836 W. Wellington Ave., CFE, Room 108
 Chicago, IL 60657

I, _____ (name) certify that I have no documents that prove my family's monthly income of \$ _____. I understand that if the above information is untrue, any charity granted to me may be forfeited, future requests may be denied, and I will be responsible for payment of all medical bills.

Other Information:

If you have additional documents that may help in making a determination regarding your application, such as large outstanding bills which would show financial hardship, please provide those documents (example: rent or mortgage payments, loan payments, or medical bills, etc...)

Applicant Certification: I certify that the above information is true and complete to the best of my knowledge. I understand that as part of the financial screening process, my employment or credit history may be verified.

Applicant Signature: _____

Date: _____

If you have any question regarding this application, please call 773-296-5283. (09/07/16)