



**NORTH CAROLINA MASONIC AND EASTERN STAR HOME FOUNDATION, LLC  
700 South Holden Road  
Greensboro, North Carolina 27407**

**Application for Assistance**

**Applicant**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-Mail\*: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

\*Email address is required to verify receipt of application, request additional information and inform of decision.

**Eligibility**

\_\_\_ I have applied to and have been accepted by WhiteStone (required before submitting this application. Contact WhiteStone at (888) 558-6374 for admissions information).

\_\_\_ I have lived in North Carolina for \_\_\_\_\_ years (5 year minimum required).

\_\_\_ I have been a member in good standing for five years in North Carolina in:

\_\_\_\_\_ Lodge No. \_\_\_ or \_\_\_\_\_ Chapter No. \_\_\_\_\_.

I am the wife \_\_\_ mother \_\_\_ daughter \_\_\_ sister \_\_\_ or widow \_\_\_ of \_\_\_\_\_, who is or was a member in good standing for five years in \_\_\_\_\_ Lodge No. \_\_\_\_\_ in North Carolina.

I am the mother of \_\_\_\_\_, who is or was an Eastern Star member in good standing for five years in \_\_\_\_\_ Chapter No. \_\_\_\_\_.

**Type of assistance requested**

Housing at WhiteStone (choose one):

\_\_\_ One bedroom apartment

\_\_\_ Studio apartment



## Financial information

### Assets:

Cash	\$ _____
Checking	\$ _____
Savings	\$ _____
Stocks	\$ _____
Bonds	\$ _____
Certificates of deposit	\$ _____
Life Insurance	\$ _____
Other (describe)	\$ _____
Total	\$ _____

### Liabilities:

Loans	\$ _____
Credit cards	\$ _____
Mortgages	\$ _____
Other (describe)	\$ _____
Total	\$ _____

Net Worth: \$ \_\_\_\_\_

### Monthly Income:

Social Security	\$ _____
Retirement	\$ _____
Other (describe)	\$ _____
Total	\$ _____

### Monthly Expenses:

Health insurance	\$ _____
Pharmacy	\$ _____
Uninsured medical costs	\$ _____
Other insurance	\$ _____
Personal care items	\$ _____
Incidental allowance	\$ _____
Other (explain)	\$ _____
Total	\$ _____

This financial information is current as of \_\_\_\_\_.  
(Date of most recent bank statement)

## Attachments

### Include:

Proof of assets, liabilities and monthly income, and federal and state income tax returns for the past seven years.