



**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

I certify that all information included with this application is complete and accurate to the best of my knowledge.

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Signature of applicant Date

NOTE: If the applicant is unable to sign, the application must be signed by the Attorney in Fact or legally appointed guardian, and an authenticated copy of the document describing such authority must be submitted with the application.

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(Signature of appointed representative) (Relationship to applicant)

Representative or other interested party to be contacted in processing this application:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Recommended by (choose at least one):**

\_\_\_\_\_ Lodge No: \_\_\_\_\_ A.F.&A.M. By: \_\_\_\_\_  
Secretary

\_\_\_\_\_ No: \_\_\_\_\_ O.E.S. By: \_\_\_\_\_  
Secretary

**Include letter(s) of recommendation signed by secretary with seal of lodge and/or chapter.**

## 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.