

# KT Fund of Benevolence

1. PETITION FOR RELIEF GRANT

BROTHER / WIDOW / DEPENDENT  
*(Please delete which is not applicable)*

CASE NUMBER

2. APPLICANT'S NAME

*(Initials)*

*(Surname)*

3. FORENAMES IN FULL

4. STYLE OR TITLE  
*(e.g. Mr, Sir, Brigadier)*

5. ADDRESS

(i)   
 (ii)   
 (iii)   
 (iv)   
 (v)   
 (vi) POSTCODE

6. PROFESSION / OCCUPATION

7. SPONSORING PROVINCIAL PRIORY

8. DATE OF BIRTH OF APPLICANT

9. SPOUSE DATE OF BIRTH  
*(If not Deceased)*

## 10. INCOME PER WEEK

	PETITIONER	SPOUSE
FULL TIME EMPLOYMENT	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
PART TIME EMPLOYMENT	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
WORKING TAX CREDIT	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
RETIREMENT PENSION	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
PENSION CREDIT*	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
OCCUPATIONAL PENSION	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
INCOME SUPPORT	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
UNEMPLOYMENT BENEFIT	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
INCAPACITY BENEFIT	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
ATTENDANCE ALLOWANCE	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
DISABILITY LIVING ALLOWANCE	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
MOBILITY ALLOWANCE	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
CARER'S ALLOWANCE	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
INTEREST FROM INVESTMENTS	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
OTHER INCOME OR STATE AID	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>
<b>TOTAL</b>	£ <input style="width: 50px; height: 20px;" type="text"/>	£ <input style="width: 50px; height: 20px;" type="text"/>

## EXPENDITURE PER WEEK

MORTGAGE (Interest only) Please state whether this is paid by APPLICANT or DWP	£ <input style="width: 50px; height: 20px;" type="text"/>
MORTGAGE (Capital Repayment)	£ <input style="width: 50px; height: 20px;" type="text"/>
NET RENT PAYABLE	£ <input style="width: 50px; height: 20px;" type="text"/>
GROUND RENT	£ <input style="width: 50px; height: 20px;" type="text"/>
COUNCIL TAX (NET PAYABLE)	£ <input style="width: 50px; height: 20px;" type="text"/>
WATER RATES	£ <input style="width: 50px; height: 20px;" type="text"/>
ELECTRICITY	£ <input style="width: 50px; height: 20px;" type="text"/>
GAS	£ <input style="width: 50px; height: 20px;" type="text"/>
SOLID FUEL / OIL	£ <input style="width: 50px; height: 20px;" type="text"/>
INSURANCE (House & Contents Only)	£ <input style="width: 50px; height: 20px;" type="text"/>
TELEPHONE	£ <input style="width: 50px; height: 20px;" type="text"/>
TELEVISION (Rental Including Licence)	£ <input style="width: 50px; height: 20px;" type="text"/>
GARDEN MAINTENANCE	£ <input style="width: 50px; height: 20px;" type="text"/>
HOME HELP CHARGES	£ <input style="width: 50px; height: 20px;" type="text"/>
FOOD & HOUSEHOLD GOODS	£ <input style="width: 50px; height: 20px;" type="text"/>
CAR, FUEL MAINTENANCE, MOT ETC	£ <input style="width: 50px; height: 20px;" type="text"/>
BANK LOAN / Overdraft / Credit Cards Repayment	£ <input style="width: 50px; height: 20px;" type="text"/>
<b>TOTAL</b>	£ <input style="width: 50px; height: 20px;" type="text"/>

*\*(N.B. a copy of the Department of Works and Pensions Assessment notice is required if the PENSION CREDIT box is completed)*

11. DETAILS OF PETITIONERS CAPITAL

**CAPITAL / SAVINGS :-** Please give details of ALL funds held

CURRENT ACCOUNT	£ <input style="width: 50px; height: 20px;" type="text"/>	POST OFFICE	£ <input style="width: 50px; height: 20px;" type="text"/>
DEPOSIT ACCOUNT	£ <input style="width: 50px; height: 20px;" type="text"/>	PREMIUM BONDS	£ <input style="width: 50px; height: 20px;" type="text"/>
BUILDING SOCIETY	£ <input style="width: 50px; height: 20px;" type="text"/>	SAVINGS CERTIFICATES	£ <input style="width: 50px; height: 20px;" type="text"/>
		RETIREMENT BONDS	£ <input style="width: 50px; height: 20px;" type="text"/>
		OTHER	£ <input style="width: 50px; height: 20px;" type="text"/>

INVESTMENTS (CURRENT MARKET VALUE), PEPs, ISAs, SHARES, ETC *(Please give details on the reverse)*



**GRANTS RECEIVED**

THE PETITIONER HAS RECEIVED THE FOLLOWING GRANTS FROM:

THE MARK BENEVOLENT FUND	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
THE GRAND CHARITY (CRAFT)	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
MASONIC TRUST FOR GIRLS AND BOYS	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
PROVINCIAL GRAND LODGE (CRAFT)	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
PROVINCIAL GRAND LODGE (MARK)	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
LODGE CRAFT	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
	AMOUNT £	<input type="text"/>	DATE	<input type="text"/>
TOTAL AMOUNT £		<input type="text"/>		

**VISITING KNIGHTS REPORT**

HAVING REGARD TO THE PETITIONERS FORMER CIRCUMSTANCES AND THE EFFECTS OF NOW HAVING TO MAINTAIN HIMSELF / HERSELF ON A LIMITED INCOME ALSO ANY OTHER ITEM OF EXPENDITURE WHICH IT IS FELT SHOULD BE MADE KNOWN TO THE GENERAL BOARD.

**DETAILS OF VISITING KNIGHT**

NAME (*In block letters*)              

*(Initials)*      *(Surname)*

FORENAMES IN FULL     

PRECEPTORY No.     

ADDRESS

(i)

(ii)

(iii)

(iv)

(v)

(vi) POSTCODE     

E-MAIL     

TELEPHONE      HOME       WORK

MOBILE

SIGNATURE       DATE

PLEASE PROVIDE A REPORT ON A SEPARATE SHEET OF PAPER ONLY IF YOU THINK IT IS NECESSARY TO EXPAIN FURTHER DETAILS

