

APPLICATION FOR ASSISTANCE  
ORDER OF THE EASTERN STAR HOME FUND FOUNDATION AND BENEVOLENT FUND OF  
UTAH  
(Revised 2025)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Number of Children living at home \_\_\_\_\_ Ages of Children \_\_\_\_\_  
Others who live with you \_\_\_\_\_  
Have you been a member of Order of the Eastern Star for 5 years or more? Yes \_\_\_\_\_ No \_\_\_\_\_  
Chapter Name \_\_\_\_\_ Initiation Date \_\_\_\_\_ Affiliation Date \_\_\_\_\_  
What aid can/does your Chapter offer?  
\_\_\_\_\_  
\_\_\_\_\_

Assistance available through Community or State Social Services (SSI, Medicaid, Reach,FEMA, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
How much do/will they assist? \_\_\_\_\_  
Have you applied for such assistance? \_\_\_\_\_ If so, when \_\_\_\_\_  
Are you receiving financial aid from any other source? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please explain. Amount \$ \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

INCOME RECEIVED FROM: MONTHLY EXPENSES:

Social Security (Monthly) _____	Rent/Mortgage _____
Pension/Annuities _____	Heating _____
Alimony _____	Electricity _____
Child Support _____	Phone (basic) _____
Savings _____	Water and/or Sewer _____
Employment _____	Real Estate Taxes _____
Interest and/or Dividends _____	Food _____
Employment of Spouse or others who lives with _____	Insurance-Medical _____
Sources of Income (Rentals /Leases) _____	Clothing _____
Other (Explain) _____	Medical Expenses _____
	Drugs, Other: _____
	Other (Explain) _____

TOTAL INCOME:\$ \_\_\_\_\_ TOTAL EXPENSES:\$ \_\_\_\_\_

Amount of assistance requested \_\_\_\_\_  
Is this amount for actual living expenses? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief history of your case and the assistance you have requested. List any information you feel is important to your application. Use additional pages if necessary. Feel free to enclose any documentation, including bills, which you believe will help the Board of Trustees make an informed decision on your request.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The information in this application is confidential. It is available only for the consideration of the members of the Board of Trustees of the Eastern Star Home Fund and Benevolent Fund of Utah. Only the president and secretary have access to your application, no other Board Members will know the name on the application, only the application identification number.

I certify that all facts on this application are true, to the best of my knowledge.

(Sign)

(Date)

**Send completed application to:**  
**President- Deserae Stevenson-** 1910 W. 3500 N. Helper, Utah 84526 or email over to [Deseraestevenson89@gmail.com](mailto:Deseraestevenson89@gmail.com)

**Secretary- Mitch Graham-** 515 E 800 N, Price, UT 84501 or email over to [mgrahamgc@gmail.com](mailto:mgrahamgc@gmail.com)

## ENCLOSURE FOR APPLICATION

Verbal communications may be misinterpreted, therefore, the following is included with your application:  
Please List the attached documents below.

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