

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:

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

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.

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

Secretary- Mitch Graham- 515 E 800 N, Price, UT 84501 or email over to 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.
