



NEW MEXICO ELKS ASSOCIATION

CHARITABLE AND BENEVOLENT TRUST

A PERMANENT-IRREVOCABLE TRUST. PRINCIPAL REMAINS INTACT. TRUST INCOME USED FOR CHARITABLE AND BENEVOLENT PROJECTS IN NEW MEXICO. ALL ADMINISTRATIVE AND OTHER EXPENSES ARE PAID BY THE N.M. ELKS ASSOCIATION, NOT THE TRUST.

FINANCIAL ASSISTANCE APPLICATION

"PLEASE PRINT"

| | | | | | | |
|---------------------|--------------------------|-------|------|---------------|--------|-------------|
| A. APPLICANT | LAST NAME | FIRST | M.I. | SOC. SEC. NO. | D.O.B. | SPOUSE NAME |
| | ADDRESS | | | CITY & STATE | ZIP | PHONE # |
| | EMPLOYED AT (Firm Name)* | | | FIRM ADDRESS | | MO. INCOME* |
| | SPOUSE'S EMPLOYMENT* | | | ADDRESS | | MO. INCOME* |

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|-----------------------------|--|-------|------|---------------------------|--------|-----------------------|
| B. PARENT — GUARDIAN | MUST BE COMPLETED IF APPLICANT UNDER 18 — OR IF APPLYING FOR EDUCATIONAL ASSISTANCE: | | | | | |
| | LAST NAME | FIRST | M.I. | RELATIONSHIP TO APPLICANT | SPOUSE | NO. OF OTHER CHILDREN |
| | ADDRESS | | | CITY & STATE | ZIP | PHONE # |
| | EMPLOYED AT (Firm Name)* | | | FIRM ADDRESS | | MO. INCOME* |
| | SPOUSE'S EMPLOYMENT* | | | FIRM ADDRESS | | MO. INCOME* |

* If Unemployed or Disabled, List All Government Assistance Applied For and Amount Received.

| | | | | | |
|-------------------------------|-------------------------------|--|------------|-----------|-------------|
| C. FINANCIAL STATEMENT | HOME — ADDRESS | RENT <input type="checkbox"/> OWN <input type="checkbox"/> | EST. VALUE | AMT. OWED | MO. PAYMENT |
| | REAL ESTATE — LOCATION & TYPE | | | | |
| | AUTO'S — MAKES & MODELS | | | | |
| | UTILITIES | | | | |
| | MEDICAL BILLS COMBINED | | | | |
| | CREDIT CARDS COMBINED | | | | |
| | LOANS COMBINED | | | | |
| | OTHER DEBTS— DESCRIBE | | | | |
| | TOTALS | | \$ | \$ | \$ |

| | | | | | |
|------------------------------|---|---------|--------|--|--------|
| D. MEDICAL ASSISTANCE | DOCTOR AND/OR HOSPITAL BILLS MUST ACCOMPANY MEDICAL ASSISTANCE APPLICATION. | | | | |
| | DOCTOR — HOSPITAL | PURPOSE | AMOUNT | Insurance — Medicare — Medicaid — Other Assistance | AMOUNT |
| | | | | | |
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|----------------------------------|--|---------|--------|---|--------|
| E. EDUCATIONAL ASSISTANCE | EDUCATIONAL ASSISTANCE APPLICANTS MUST BE GRADUATES FROM NEW MEXICO HIGH SCHOOLS AND FURNISH A COPY OF DIPLOMA OR GED CERTIFICATE — COLLEGE STUDENTS MUST ALSO FURNISH TRANSCRIPT. | | | | |
| | SCHOOL | PURPOSE | AMOUNT | Loans — Govt. Assistance — Scholarships — Other | AMOUNT |
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All Applicable Sections of This Application Must Be Answered Completely to Be Accepted For Consideration.

G: PLEASE EXPLAIN REASON FOR REQUESTING ASSISTANCE: ATTACH LETTERS ETC., FOR CONSIDERATION:

H: IF APPROVED I WOULD LIKE:

NOTIFICATION BY _____ TO RECEIVE FUNDS BY _____

DATE OF APPLICATION _____
APPLICANT OR
GUARDIAN _____
SIGNATURE _____

Application Will Be Returned to Lodge If Not Answered Completely.

I:
APPROVED BY LODGE _____ LODGE NO. _____ DATE _____ BY _____
SIGNATURE _____

APPLICATIONS MUST BE SIGNED BY EXALTED RULER,
SECRETARY OR LODGE TRUST CHAIRMAN

TITLE: _____

J: ACTION BY TRUST COMMITTEE: ☐ APPROVED ☐ DISAPPROVED ☐ DEFERRED

DATE _____ AMOUNT \$ _____

APPLICANT NOTIFIED _____
DATE _____ HOW _____

LODGE NOTIFIED _____
DATE _____ HOW _____

TRUST CHAIRMAN _____
SIGNATURE _____ DATE _____