

2021 MASONIC GRANT ASSISTANCE PROGRAM FOR SENIORS

ASCOG Area Agency on Aging
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Application for assistance runs from January 1st, 2021 through November 30th, 2021 or until funds are exhausted subject to conditions identified in the instructions.

READ THE INSTRUCTIONS FIRST! INCOMPLETE APPLICATIONS AND THOSE WITHOUT AN ESTIMATE WILL NOT BE PROCESSED!

Name (print legibly): _____	Telephone: (____) _____ - _____
Address: _____	
Street	City Zip County
Date of Birth: ____/____/____ Age: _____	Race (optional): _____

Total Average Monthly Household Income: Social Security: \$ _____ Pension: \$ _____ Other (identify source): \$ _____ _____	Total Average Monthly Household Expenses: Rent or Mortgage (circle one): \$ _____ Home Insurance: \$ _____ Electric: \$ _____ Natural Gas: \$ _____ Water: \$ _____ Garbage/Sewer: \$ _____ Vehicle Payment: \$ _____ Vehicle Insurance: \$ _____ Vehicle Fuel: \$ _____ Phone: \$ _____ Cable/Internet: \$ _____ Groceries: \$ _____ Medications: \$ _____ Medical Bills: \$ _____ Other (Identify): \$ _____ _____
How many people live in your residence? ____	
Have you or a family member ever been a member of the Masons or Eastern Star? ____	
If so, who? _____	
Is anyone in your household a veteran? ____	
If so, who? _____	
Do you have ADvantage through the state of Oklahoma (NOT Medicare)? _____	

Identify Alternate Contact Name: _____
Relation: _____ Phone Number: _____

COMPLETE BOTH PAGES OF THE APPLICATION – see next page for signature

Assistance Requested – This section must include the type of assistance being requested and why it is needed.

I authorize ASCOG to release information concerning this application and assistance received to appropriate agencies, as well as to the Masonic Charity Foundation of Oklahoma for recordkeeping purposes. I recognize that this program is based on need and I certify and attest that all the information above is true and accurate under penalty of perjury for false statements.

Signature

Date