

# 2026 MASONIC GRANT APPLICATION

**Please read all instructions before completing the application. Incomplete applications or missing documents will not be accepted.**

**APPLICANT ELIGIBILITY** To qualify, the applicant must meet **all** the following:

- Age 55 or older at the time of application
- Resident of one of ASCOG's 8 counties:
  - Caddo, Comanche, Cotton, Grady, Jefferson, McClain, Stephens, Tillman
- One application per household only
- Past Award Rules:
  - Received grant in 2022 or 2023 → Not eligible in 2026
  - Received grant in 2021 or earlier → May apply, but new applicants are prioritized

**ELIGIBLE ASSISTANCE CATEGORIES** (If the cost is higher than the maximum award, the applicant must pay the difference.)

- Hearing Aids – up to \$1500
- Dental Work / Dentures – up to \$1500
- Durable Medical Equipment – up to \$1000
- ADA Wheelchair Ramp – up to \$1500
  - Must meet ADA standards
  - Must own home or have landlord permission
- Limited Home Repairs – up to \$1500
  - Must own home (rent-to-own not eligible)
  - Proof of home ownership required
  - Includes hot water tanks
- Heating / Cooling
  - Window A/C units or portable heaters only
- Kitchen or Laundry Appliance – up to \$800
  - New items only
  - Eligible: refrigerator, stove/oven, washer, dryer
- Utility Assistance – up to \$300
  - Must submit cutoff notice or proof of inability to pay
  - Utility must be in applicant or spouse's name
  - Eligible: electric, natural gas, propane, water
  - Not eligible: cable, phone, subscriptions
- Eyeglasses / Eye Exam – up to \$250
- Spousal Benefit – up to \$500
  - Must include obituary
  - Limited to 2 per county

**VENDOR REQUIREMENTS:** Applicants must submit a quote from an **Approved Vendor** or a vendor willing to be approved.

Vendors must provide:

1. W-9 Form
2. Worker's Compensation Coverage OR Proof of Exemption

If a vendor refuses to provide the required documents, the applicant must choose another vendor.

Vendors are not ASCOG employees. Any service or product disputes are between the applicant and the vendor.

## **DOCUMENTS REQUIRED WITH APPLICATION**

Your application must include:

1. Completed application form (all sections filled in)
2. Vendor quote/bid from an approved vendor
  - Quote must state applicant is responsible for any amount above the grant award
3. Any additional documents requested by ASCOG

*Applications missing any required documentation will not be processed.*

## **APPLICATION REVIEW PROCESS**

- Applications are processed first come, first served and based on need.
- Applicants will receive written notification of approval or denial by mail.
- If approved, a voucher will be sent directly to the vendor.
- Vendor must complete work by the deadline and send invoice to ASCOG.

**Please do not call to check the status for 30 days.**

## **SUBMISSION INSTRUCTIONS**

Submit your application and vendor quote by:

**Email:** [Nort\\_Li@ascog.org](mailto:Nort_Li@ascog.org) or [Rose\\_so@ascog.org](mailto:Rose_so@ascog.org)

### **Hand Deliver or Mail:**

ASCOG AAA Director – Masonic Grant  
802 W Main Street  
PO Box 1647  
Duncan OK 73534

**Faxed documents will not be accepted.**

## **NARRATIVE SECTION (Applicant Must Complete)**

Describe what assistance you are requesting (example: hearing aids, ramps, appliances, dental work, etc.) and explain why you need this assistance.

**INCOMPLETE APPLICATIONS (OR APPLICATIONS WITH NO ESTIMATE) WILL NOT BE PROCESSED!**

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

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

<b>Alternate Contact (Required):</b> Name: _____
Relation: _____ Phone Number: (____) ____ - ____

**SEE REVERSE. BOTH PAGES OF APPLICATION MUST BE COMPLETED****NARRATIVE: This section must be completed.****Please include the type of assistance you are requesting and why it is needed.**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

**Please read and sign below.**

I have read the Application and Instructions. I hereby authorize ASCOG to release information concerning this application and the assistance received from the 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 to the best of my ability under penalty of perjury for false statements.

**Signature**

Date \_\_\_\_\_