

# 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
  - o 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): _____			

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

**Alternate Contact (Required):** 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.**

**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