

1. APPLICANT INFORMATION

If not submitting electronically, please complete form in blue or black ink

Applicant Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

2. MEMBER INFORMATION

Relationship to Member: Self Spouse Dependent <21

Member Name (if not applicant): _____

AICPA Member Number: _____

3. MARITAL STATUS

Married

Single

Divorced

Widow/Widower

4. REASON FOR REQUESTING ASSISTANCE

Please provide description detailing circumstances leading to requesting financial assistance. Include efforts made or being made to no longer be in deficit.

5. OTHER ASSISTANCE

Please submit evidence of current status

Indicate below if you have applied for and been granted other assistance by:

	Requested		if Yes, Status of Request			
	Yes	No	Granted	Denied	Pending	N/A
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assistance <small>(i.e. local city/state assistance)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on status of pending applications:

6. APPLICANT'S EMPLOYMENT HISTORY

 Occupation: _____ Currently Employed: Yes No

 If currently employed, please indicate: Full Time Part Time Average Number of hours per week: _____

Name of Current Employer: _____

Address of Current Employer: _____

Current average gross wage: \$ _____ per week

Name of Prior Employer (if not currently employed): _____

Address of Prior Employer: _____

Prior average gross wage: \$ _____ per week

7. SPOUSE OR SIGNIFICANT OTHER'S INFORMATION

Name: _____ Relationship: _____

Social Security Number: _____ Date of Birth: _____

Telephone: _____ Email: _____

 Occupation: _____ Currently Employed: Yes No

 If currently employed, please indicate: Full Time Part Time Average Number of hours per week: _____

Name of Current Employer: _____

Address of Current Employer: _____

Current average gross wage: \$ _____ per week

Name of Prior Employer (if not currently employed): _____

Address of Prior Employer: _____

Prior average gross wage: \$ _____ per week

8. DEPENDENTS AND OTHERS INFORMATION

Include children, relatives or any individuals living with you

Name	Relationship	Age	Health	Employed		if over 18 and doesn't assist, indicate why
				Yes	No	
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

9. MONTHLY CASH RECEIVED*

<i>Employment</i>	
Self	\$ _____
Spouse/Relation	\$ _____
<i>Interest</i>	
Savings/Dividends	\$ _____
<i>Unemployment Compensation</i>	
	\$ _____
<i>Workman's Compensation</i>	
	\$ _____
<i>Veteran's Compensation</i>	
	\$ _____
<i>Social Security Benefits</i>	
	\$ _____
<i>Health & Accident Insurance Benefits</i> <small>i.e. long-term disability/health, etc</small>	
	\$ _____
<i>Pension & Other Retirement Income</i> <small>i.e. 401K/IRA Withdrawals</small>	
	\$ _____
<i>AICPA Benevolent Fund</i> <small>if current recipient</small>	
	\$ _____
<i>Other</i>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Cash Income	\$ _____

10. MONTHLY CASH PAYMENTS*

<i>Food</i>	\$ _____
<i>Rent or Mortgage</i>	\$ _____
<i>Utilities</i>	
Electric/Gas/Oil/Water	\$ _____
Telephone/TV/Internet	\$ _____
<i>Loans/Credit Cards</i>	
_____	\$ _____
_____	\$ _____
<i>Medical/Hospital Bills</i>	
	\$ _____
<i>Taxes</i>	
Real Estate	\$ _____
Other	\$ _____
<i>Insurance</i>	
Life	\$ _____
Medical/Hospital	\$ _____
Auto	\$ _____
Home	\$ _____
<i>Other</i>	
_____	\$ _____
_____	\$ _____
Total Cash Payments	\$ _____

*Estimated cash flow, please round off to the nearest \$100

II. SURPLUS (OR DEFICIT)

Total Monthly Cash Income	\$ _____
Less Total Monthly Cash Payments	\$ _____
Surplus/Deficit	\$ _____

 Do you expect any major changes in cash received or cash payments in the next 12 months? Yes No

If yes, please include explanation within Section 19

If deficit, how do you meet it?

12. ASSETS

Cash on Hand	\$ _____
Bank Accounts	
Checking	\$ _____
Savings	\$ _____
CDs	\$ _____
IRA/Other Retirement Accounts	\$ _____
401K	\$ _____
Stocks/Bonds	\$ _____
Automobiles	
_____	\$ _____
year make model value	
_____	\$ _____
year make model value	
Life Insurance	
Face Value	\$ _____
Cash Surrender Value	\$ _____
Home	\$ _____
Other Real Estate (describe)	

Personal Property (describe)	

Total Assets	\$ _____

13. LIABILITIES

Mortgages	
_____	\$ _____
_____	\$ _____
Loan Balances	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Credit Card Balances	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Medical/Hospital Bills exceeding coverage	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other (excluding charges to credit cards)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Liabilities	\$ _____

14. NET WORTH

Total Assets	\$ _____
Less Total Liabilities	\$ _____
Net Worth	\$ _____

IMPORTANT!

Please refer to Benevolent Fund Financial Assistance instructions for itemized listing of requested support documents. Failure to provide support for items 9-15 will cause delay in processing application for financial assistance. Thank you!

SUBMISSION NOTES

Please review the below before submitting application

Applicant Name _____

Please use the below checklist to organize all support documentation. Bold items are required, non-bold items are not required though will help in assessing need for financial assistance.

Application (all 8 pages)

Bank Statements

401K/Retirement Statements

Proof of Income

Mortgage Statement/Renters Proof

Utility Statements

Credit Card Statements

Doctor's Note

Medical Bills

Loan Statements/Car Notes

Insurance Documents

Tax Returns

Additional Support for Request

OFFICE USE ONLY

Case No. _____

Approver Signature _____

Keep documents loose, please no staples, paperclips or other

Only provide most recent statements and bills

MAIL TO:
 AICPA Benevolent Fund, Inc.
 Benevolent Fund Administrator
 220 Leigh Farm Road
 Durham, NC, 27707-8110

15. TAX INFORMATION

Did you or any other member of your household file a personal tax return in the past year? Yes No

If no, please indicate why it was not necessary to file a return.

16. INSURANCE INFORMATION

Do you participate in any of the following insurance plans offered by the AICPA Insurance Trust?

Flexible Life Insurance Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	LTD Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Group Insurance Plan?	<input type="checkbox"/>	<input type="checkbox"/>	LTC Plan?	<input type="checkbox"/>	<input type="checkbox"/>

17. AUTHORIZATION TO FURNISH INFORMATION TO AICPA BENEVOLENT FUND, INC.

I have no assets or resources other than those disclosed in this application. If assistance is furnished as a result of this application, I agree to notify the AICPA Benevolent Fund, Inc., of any changes in status with respect to property or income. I hereby authorize any person, firm, corporation, agency or institution to furnish the AICPA Benevolent Fund, Inc., with any and all information in its possession relating to my assets, deposits, dealings or business of any kind whatsoever, or concerning any matter that the AICPA Benevolent Fund, Inc., may desire.

Applicant's signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, licensed clinical social worker, or other medical or medically related facility, or insurance company, to release any information about me concerning my medical, financial, or emotional condition at this point, to the Trustees of the AICPA Benevolent Fund, Inc.

Applicant's signature _____ Date _____

AUTHORIZATION FOR VERIFICATION OF INFORMATION

At the discretion of the AICPA Benevolent Fund, Inc. and/or at my request, a CPA may be assigned to my case for assistance with application completion, verification of living situation, financial planning or other services deemed necessary by the Fund.

I agree that I will release and hold harmless the Fund, its Trustees, agents and representatives from any and all responsibility and liability for any disclosure, whether intentional or accidental, of personal financial information requested and provided for assistance evaluation.

Applicant's signature _____ Date _____

BY SIGNING BELOW, I GIVE THE AICPA BENEVOLENT FUND, INC., PERMISSION TO OBTAIN CREDIT HISTORY ON ME OR MY SPOUSE, IF APPLICABLE

Applicant's signature _____ Date _____

If applicable, spouse's signature _____ Date _____

18. THIS APPLICATION HAS BEEN:

prepared/reviewed by:

Would you be willing to share your story for the purpose of promoting/marketing the Benevolent Fund*?

Name _____

Signature _____

Telephone _____ Date _____

Organization/relationship to the applicant _____

Yes No

*This has no impact on the assessment of your application.

