

AICPA BENEVOLENT FUND, INC. APPLICATION FOR FINANCIAL ASSISTANCE

1

DATE PREPARED

2 **PERSONAL DATA**

Name _____

Address _____

City _____

State _____

Telephone (include area code) _____

Date of birth _____

3 **MEMBER DATA**

AICPA Member Number _____

Social Security Number _____

Spouse's Social Security Number (if applicable) _____

Relationship to Member Spouse Dependent < 21

4 **MARITAL STATUS**

Married Single

Divorced Widow/Widower

5 **OTHER ASSISTANCE**

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

	Requested		Granted	If Requested	
	Yes	No		Denied	Pending
Social Security	<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"/>
Food Stamps	<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"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Administration	<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"/>
Other (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on status of pending applications: _____

6 **REASON FOR REQUESTING ASSISTANCE (If disability, give starting date and nature and attach physician's statement.)**

7 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 and address of current employer _____

Current average wage: \$ _____ per week

Name and address of prior employer (if not currently employed) _____

Prior average wage: \$ _____ per week

8 SPOUSE'S OR SIGNIFICANT OTHER'S EMPLOYMENT HISTORY

Occupation _____

Currently employed Yes No If currently employed, please indicate
 Full time Part time Average number of hours per week: _____

Name and address of current employer _____

Current average wage: \$ _____ per week

Name and address of prior employer (if not currently employed) _____

Prior average wage: \$ _____ per week

9 DEPENDENTS AND OTHERS LIVING WITH YOU

Include wife, children and any relative or individual living with you who is self-supporting.

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"/>	_____

10 OTHER RELATIVES

Include parents, brothers, sisters and children not listed above.

Name	Relationship	Age	Monthly amount contributed to your support	If no contribution, indicate why
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17 TAX INFORMATION

Did you or any other member of your household file a personal tax return in the past year? Yes No
If yes, please attach a copy of the most recent return. If no, please indicate why it was not necessary to file a return.

18 INSURANCE INFORMATION

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

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

19 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: _____

ELDERCARE REVIEW

At the discretion of the AICPA Benevolent Fund and or at my request a CPA qualified in Eldercare services 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: _____

20 The application has been prepared reviewed by:

Name _____ Telephone _____

Organization _____ Signature _____

Address _____ Date _____

Mail to: AICPA Benevolent Fund, Inc.
220 Leigh Farm Road
Durham, NC 27707-8110