



Application for Financial Assistance under the Benevolent Fund, Inc.

Mission

The AICPA Benevolent Fund was established in 1933 by members of the American Institute of CPAs for the purpose of assisting AICPA members through temporary periods of financial difficulty. The Fund primarily provides temporary assistance with meeting daily subsistence (living) expenses, and medical and prescription expenses that exceed insurance coverage brought about by serious illness, an accident, or the death of the primary source of family income. The Fund also assists cases where AICPA members are facing financial hardships due to onset of natural disasters.

Purpose of Application

This application is necessary to apply for temporary financial assistance and one-time disaster relief from the AICPA's Benevolent Fund. Recipients are welcome to reapply after 6 months for additional temporary financial assistance to be reviewed by the AICPA Benevolent Fund Board of Trustees.

How do I apply for Assistance?

You will need to:

- Complete sections 1 through 16 in a legible manner (the Application is available online in fillable PDF format. The Fund encourages applicants to use this method).
 - Page 6 is a Submission Checklist
 - Section 17 – sign authorization of information
 - Section 18 is if someone other than the applicant filled out the application
 - Section 19 is available for additional writing space
- Provide the required documentation and/or verification items necessary to complete your application
 - Refer to bold items on Page 6
- Mail this application and all required documentation to:
AICPA Benevolent Fund
ATTN: Fund Administrator, Kati McDaniels
220 Leigh Farm Road
Durham, NC 27707

Who is eligible to receive assistance?

- Current voting AICPA members
- Surviving spouse of a person who was a current voting AICPA member, at the time of their death
- Dependent children (under the age of 21) of a person who was a current voting AICPA member, at the time of their death
- *All of the above persons must exhibit a financial need*



What will the Fund pay for?¹

- Temporary monthly living expenses
- Temporary medical, dental, mental health and prescription expense payments that exceed insurance coverage¹
- Temporary Medicare, Medicaid or other health insurance premiums
- Most medically necessary services for dependent children (under age 21)
- Other, as deemed appropriate by the Board of Trustees

As you apply for assistance, you should know that

- You may receive assistance from any person in order to help you complete the application and determination of eligibility
- The information you provide to the Fund is kept in confidence
- You may terminate Fund's assistance to you, at any time
- The Fund does not discriminate against applicants based on gender, age, disability, national origin, or any other characteristic protected by law
- The Fund has the right to deny any application based on Applicant's failure to provide sufficient documentation

What are the responsibilities of the applicant?

- Before seeking financial assistance from the Fund, you must first apply for financial assistance from all other available sources, such as Unemployment, Social Security, Welfare, Food Stamps, Medicare and Veteran's Benefits, etc.
- To provide to the Fund all requested information necessary to determine eligibility
- To immediately inform the Fund in the event you receive benefits in error

Application Specific Instructions

Section 1 – Applicant Data

This section is for the applicant, be it current AICPA member or spouse/immediate family member. Please be sure to list an emergency contact name and information. We reserve the right to discuss your application/case with this person, if deemed necessary.

Section 2 – Additional Data

You can easily find the AICPA member ID number in three different locations:

- AICPA dues notice (upper right-hand section under the due date)
- The mailing label on a recent issue of the *Journal of Accountancy*
- AICPA membership card (front of card under member name)

¹ *The maximum assistance amount and duration of receipt shall be determined by the Fund's Trustees.*



Section 4 – Reason for Requesting Assistance

Identify your immediate need and how financial distress occurred and measures being taken to resolve need for financial aid. Ill or disabled applicants should provide proof of illness in the form of a physician's statement.

Section 5 – Other Assistance

Provide proof if you receive assistance from other sources. Provide proof if you were denied assistance from the bureaus listed.

Section 6 & 7 – Employment History

Submit your last two check stubs if currently employed or have been employed within the last 90 days.

Section 8 – Others Living in the Household

List any children, relatives or others that are living in your household and identify if they are contributing to towards monthly expenses.

Section 9 - Monthly Cash Received

Please provide proof of all income that you list on the application, where applicable.

Section 10 – Monthly Cash Payments

Please attach the most recent proof of payment of your listed expenses, where applicable. You may provide estimates of your food cost (our estimate will be \$250 per person in the household). **Please provide copies of bills/invoices to verify all information claimed in this section.**

Section 11 – Surplus/Deficit

Comparing sections 9 and 10, identify if in a deficit and provide information on how you cover the gap. If you are expecting changes in your cash received or payments in the next 12 months, please provide details in Section 19.

Section 12 – Assets

Please attach the following, where applicable:

- Recent bank and/or brokerage statements
- Details of Automobiles (our value estimates would be based on Kelley Blue Book)
- Executed life insurance policies, denoting face value or cash surrender value
- If unable to provide Real Estate Document that illustrates: location, date acquired, original purchase price and estimated market value for all real property owned, please list source for current home value.



Section 13 – Liabilities

Please attach the most recent copy of the following, where applicable:

- Home rent/mortgage statements
- Home equity loan statements
- Automobile or other loan statements
- Credit Card Statements
- Medical bills
- Other personal loans

Section 14 – Net Worth

Compare sections 12 and 13 and determine current Net Worth.

Submission Checklist

Be sure to review all sections and provide support documentations for reported numbers. Failure to provide required support items will cause delay in processing application for financial assistance. Please also identify all documents and keep loose with application.

Section 15 - Tax Information

Filed tax returns for all members of your household should be attached to this application. If tax returns were not filed, a detailed explanation should be provided.

Section 16 – AICPA Insurance

Please check boxes if you participate in any of the AICPA Insurance Trust plans.

Section 17 – Signatures

Failure to sign all required authorizations/releases will render your application incomplete and ineligible for review.

Section 18 – Filled out by Non-Applicant

If a someone other than applicant is assisting with filling out the application, social worker, relative or other, please provide name and contact information.

Section 19 – Additional Notes

Please use this space if necessary, to include additional notes from sections 4-5, 9-15 or otherwise.

Who can answer my questions about the Fund?

If you have questions that have not been answered within these instructions, please feel free to contact the fund administrator at **866-527-2228** or **benevolent_fund@aicpa.org**. The administrators may reach out for a phone interview to assist in quantifying the need.

220 Leigh Farm Road
Durham, NC 27707

www.aicpa.org/benevolentfund

P: 866.527.2228
F: 919.419.4749