AICPA Benevolent Fund

Application for Financial Assistance

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: _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____ Email: _____

2. MEMBER INFORMATION

Relationship to Member: ◯ Self ◯ Spouse ◯ Other

Member Name (if not applicant): _____

AICPA Member Number: _____

3. MARITAL STATUS

◯ Married
◯ Single
◯ Divorced
◯ Widow/Widower

4. DETAILS REGARDING FINANCIAL NEED

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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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						
Welfare						
Food Stamps						
Medicare						
Medicaid						
FEMA						
Unemployment						
Other Assistance (i.e. local city/state assistance)						

Comments on status of pending applications:

6. APPLICANT'S EMPLOYMENT HISTORY

Occupation: _____

Currently Employed: Yes No If yes: Full Time Part Time

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: _____

Dates of Prior Employment: _____ Prior average gross wage: $_____ per week

T: 866.527.2228 | F: 919.419.4749 | W: aicpa.org/benevolentfund

7. SPOUSE OR SIGNIFICANT OTHER'S INFORMATION

Name: _____ Relationship: _____

Social Security Number: _____ Date of Birth: _____

Telephone: _____ Email: _____

Occupation: _____

Currently Employed: ◯ Yes ◯ No If yes: ◯ Full Time ◯ Part Time

Name of Current Employer: _____

Address of Current Employer: _____

_____

Start Date of Employment: _____ Current average gross wage: $_____ per week

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

Address of Prior Employer: _____

Dates of Prior Employment: _____ Prior average gross wage: $_____ per week

8. OTHERS LIVING IN THE HOUSEHOLD

Include children, relatives or any individuals living with you

Name	Relationship	Age	Health	Employed Yes	Employed No	if No, why	if Yes, how much do they contribute
				◯	◯		
				◯	◯		
				◯	◯		
				◯	◯		
				◯	◯		
				◯	◯		
				◯	◯		

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9. MONTHLY CASH RECEIVED*

Employment

Self $ _____

Spouse/Relation $ _____

Interest

Savings/Dividends $ _____

Unemployment Compensation $ _____

Workman's Compensation $ _____

Veteran's Compensation $ _____

Social Security Assistance $ _____

Spouse/Relation $ _____

Health & Accident Insurance Benefits $ _____
i.e. long-term disability/health, etc

Pension & Other Retirement Income $ _____
i.e. 401K/IRA Withdrawals

AICPA Benevolent Fund if current recipient

General Monthly $ _____

Medical Reimbursement $ _____

Other

_____ $ _____

_____ $ _____

Total Cash Income **$** _____

10. MONTHLY PAYMENTS*

Food estimated $250/pp $ _____

Rent or Mortgage $ _____

Utilities

Electric/Gas/Oil/Water $ _____

Phone/TV/Internet/Cell $ _____

Loans/Credit Cards
total monthly minimums

_____ $ _____

_____ $ _____

Medical/Hospital Bills $ _____

Taxes

Real Estate $ _____

Other $ _____

Insurance

Life $ _____

Medical/Hospital $ _____

Auto $ _____

Home $ _____

Other

_____ $ _____

_____ $ _____

Total Cash Payments **$** _____

Reviewer Notes

11. SURPLUS / 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 there is a deficit, how do you meet it?

_____

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

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AICPA Benevolent Fund

12. ASSETS

Cash on Hand $

Bank Accounts

Checking $

Savings $

CDs $

IRA/Retirement $

401K $

Stocks/Bonds $

Automobiles

$
year make model value

$
year make model value

Life Insurance

Face Value $

Cash Surrender Value $

Home $
source as of value

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 **$**

Reviewer Notes

14. NET WORTH

Total Assets $

Less Total Liabilities $

Net Worth **$**

IMPORTANT!

Please refer to Benevolent Fund Financial Assistance instructions, and page 6 of this application, for an itemized listing of requested support documents. Failure to provide support for items 9-15 will cause delay in processing application for financial assistance.

AICPA Benevolent Fund

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SUBMISSION CHECKLIST

Please review the below before submitting application.

Applicant Name _____

How did you first hear about the AICPA Benevolent Fund? _____

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.

OFFICE USE ONLY

Case No. _____

Reviewer Signature _____

Application (all 8 pages)	☐	☐
Bank Statements	☐	☐
401K/Retirement Statements	☐	☐
Proof of Income	☐	☐
Mortgage Statement/Renters Proof	☐	☐
Utility Statements	☐	☐
Credit Card Statements, if any	☐	☐
Doctor's Note	☐	☐
Medical Bills	☐	☐
Loan Statements/Car Notes	☐	☐
Insurance Documents	☐	☐
Tax Returns	☐	☐
4506-T Form	☐	☐
Additional Support for Request	☐	☐

BEFORE YOU SUBMIT...

- Keep documents loose, please remove any staples, paperclips or other binding
- Only provide most recent month's statements and bills
- Identify types of bills and insurance, where appropriate, within support documentation

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

☐ Yes ☐ No

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

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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?
- ☐ LTD Plan?
- ☐ Group Insurance Plan?
- ☐ LTC Plan?

17. AUTHORIZATION

AUTHORIZATION TO FURNISH INFORMATION

I have disclosed all of my assets or resources in this application to the best of my knowledge. 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* _____

AUTHORIZATION TO OBTAIN CREDIT HISTORY

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. FILL OUT IF COMPLETED BY PERSON OTHER THAN APPLICANT

Name _____

Signature _____

Telephone _____ Date _____

Organization/relationship to the applicant _____

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

OR

SCAN AND EMAIL TO:
Benevolent_Fund@aicpa.org

19. ADDITIONAL NOTES