



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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. MARITAL STATUS

☐ Widow/Widower

## 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"/>	_____

**9. MONTHLY CASH RECEIVED\***

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

**10. MONTHLY CASH PAYMENTS\***

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

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

**II. SURPLUS (OR DEFICIT)**

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

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)		_____
_____		_____
_____		_____
<b>Total Assets</b>	<b>\$</b>	<b>_____</b>

**13. LIABILITIES**

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

**14. NET WORTH**

Total Assets	\$	_____
Less Total Liabilities	\$	_____
<b>Net Worth</b>	<b>\$</b>	<b>_____</b>

**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?

	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"/>

## 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.

[illegible]