

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 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 11 in a legible manner (the Application is available online in fillable PDF format. The Fund encourages applicants to use this method).
 - Page 4 – Submission Checklist
 - Section 11 – Authorization Form
 - Section 12 – Additional writing space
- Provide the required documentation and/or verification items necessary to complete your application (Refer to bold items on Page 7/Section 15)
- Mail this application and all required documentation to:
AICPA Benevolent Fund
ATTN: Fund Administrator
220 Leigh Farm Road
Durham, NC 27707
- Or fax your application to 919.419.4749
- *To protect your personal information, please do not email your application*

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*

Who can answer my questions about the Fund?

If you have questions that are not been answered within these instructions, please feel free to contact the Fund Administrator at **benevolent_fund@aicpa.org**. The administrators may reach out for a phone interview to assist in quantifying the need.

What will the Fund pay for?¹

- Disaster Relief can be applied towards (but not limited to): living expenses due to displacement, insurance deductibles, additional childcare, deposits and down payments, contents replacement, temporary loss of income
- Temporary monthly living and medical expenses
- 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 applying to the Fund, we request that applicant's seeking disaster relief financial assistance, also apply for other available resources, i.e., FEMA, SBA, Red Cross, local/state agencies etc.
- Please also apply to other aides as applicable: 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

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

Application Specific Instructions

Section 1 – Applicant Information

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 – Member Information

You can easily find the AICPA account number (member ID) number online or on your membership card.

- Login to aicpa-cima.com
- Click on your Profile and then click on 'My personal details' under Profile Information
- Scroll to view your AICPA account number

Section 3 – Employment History

Please provide details if your office/workload was also impacted by disaster. Submit your last two check stubs if currently employed or have been employed within the last 90 days. If there are individuals living in your household of working age and employed, include their information as well.

Section 4 – 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 5 – Details Regarding Need

Provide description of circumstances for needing financial assistance, efforts made or being made to no longer be in deficit, photos of damaged property or possessions, additional information from insurance and other assistance.

*Section 6 – Incoming Monthly Cash**

Please provide proof of any and all income that you list on the application, for each individual in the household, where applicable.

*Section 7 – Assets**

Please attach the following account/policy information for each individual in the household, where applicable:

- **Bank statements and details for the last three months**
 - **Highlight or identify specific disaster related expenses (i.e., hotels, replacement clothing, emergency items)**
- Complete brokerage statements for the last three months
- Details of Automobiles (our value estimates would be based on Kelley Blue Book)
- Executed life insurance policies, denoting face value or cash surrender value

*Section 8 – Outgoing Monthly Payments**

Please attach the most recent proof of payment of your listed expenses or identify within bank statements, where applicable. We recognize that monthly payments likely have changed from pre-disaster to post, i.e., temporary housing accommodations, etc., please list both values to the best of your ability. You may provide estimates of your food cost (our estimate will be \$250 per person in the household). **Please provide copies of all utility bills, tax invoices or other supporting documents to verify all information claimed in this section.**

*Section 9 – Liabilities**

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

- **Credit Card Statements for the last three months**
- Most recent rent and/or mortgage statement
- Most recent home equity loan statements
- Most recent insurance statements
- Most recent automobile or other loan statements
- Recurring and/or outstanding medical bills

Section 10 – Other Assistance

List insurance types, if contacted and amounts granted or denied. Also include information regarding other assistance and provide proof of awards granted or denied. **Please provide a general or formal estimate of damage and expected out-of-pocket expenses.** *If you have not yet heard back from other resources at the time of application, please keep us informed on the status of your requests.*

Submission Checklist

Be sure to review all sections and provide support documentations for reported numbers. Please also identify all documents and keep loose with application (no staples, paperclips, or other binding materials).

Section 11 – Authorization

Failure to sign all required authorizations/releases will render your application incomplete and ineligible for review. Authorization will only be active until end of award period, or six months from date of signature.

Section 12 – Additional Information

Please use this space if necessary or attach your own printed notes.

* Failure to provide support for items 6-9 will delay processing for financial assistance.