



Disaster Application for Financial Assistance
If not submitting electronically, please complete form in black or blue ink
Formal Name of Disaster: _____

1. APPLICANT INFORMATION

Applicant Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Telephone: _____ Email: _____

2. MEMBER INFORMATION

Member Number: _____ Relationship: _____

Member Name (if not applicant): _____

3. APPLICANT'S EMPLOYMENT HISTORY

Applicant Occupation: _____

Currently Employed: ☐ Yes ☐ No If yes: ☐ Full Time ☐ Part Time Start Date: _____

Name of Current Employer: _____

Current Gross Wage: \$ _____ per pay period ☐ Weekly ☐ Bi-Monthly ☐ Monthly

Was your office impacted by disaster / Are you able to work? _____

Any others in your household of working age and employed? ☐ Yes ☐ No Relation: _____

Name of Current Employer: _____

Current Gross Wage: \$ _____ per pay period ☐ Weekly ☐ Bi-Monthly ☐ Monthly

Was their office impacted by disaster / Are they able to work? _____

4. OTHERS LIVING IN THE HOUSEHOLD *Include children, relatives, or any other individuals living with you*

Name	Relationship	Age	Health	Employed		Explanation	
				Yes	No	Why	Contribution

6. INCOMING MONTHLY CASH

Employment

Self \$ _____
Household Contributor(s) \$ _____

Other

Social Security \$ _____
Retirement Income \$ _____
Unemployment \$ _____

\$ _____
\$ _____
Total Cash Income \$ _____

7. ASSETS

Cash on Hand \$ _____

Bank Accounts

Checking \$ _____
Savings \$ _____
401K/Retirement \$ _____
Other \$ _____

Automobiles (year/make/model)

\$ _____
\$ _____

Primary Real Estate (source/as of date)

\$ _____

Other Assets

\$ _____
\$ _____

Total Assets \$ _____

8. OUTGOING MONTHLY PAYMENTS

Pre-Disaster

Post-Disaster

Food *estimated \$250/pp* \$ _____ \$ _____
Rent or Mortgage \$ _____ \$ _____

Utilities

Electric/Gas/Oil/Water \$ _____ \$ _____
Phone/TV/Internet/Cell \$ _____ \$ _____

Loans/Credit Cards

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Insurance

Life \$ _____ \$ _____
Medical/Hospital \$ _____ \$ _____
Auto \$ _____ \$ _____
Home \$ _____ \$ _____

Other

\$ _____ \$ _____
\$ _____ \$ _____

Total Cash Payments \$ _____ \$ _____

9. LIABILITIES

Mortgages

\$ _____ \$ _____
\$ _____ \$ _____

Loans

\$ _____ \$ _____
\$ _____ \$ _____

Credit Cards

\$ _____ \$ _____
\$ _____ \$ _____

Total Liabilities \$ _____ \$ _____

IMPORTANT!

Please refer to the AICPA Benevolent Fund Assistance Instructions for an itemized listing of requested and required support materials. Failure to provide support will delay processing for financial assistance.

10. OTHER ASSISTANCE

Is your property within a state of federal disaster area? _____

Do you have supplemental insurance for disasters? _____

Type	Date Contacted	Deductible	Response/Amount Received

Estimated or Formal Loss \$ _____ Expected Out-of-Pocket Costs \$ _____

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

FEMA
Red Cross
SBA
Other Assistance (i.e., federal, local city/state assistance)
Other Assistance (i.e., family, friend, local organization)

Requested		If Yes, Status of Request		
Yes	No	Granted	Denied	Pending

Please submit evidence of current status.

Comments on status of pending assistance, insurance or otherwise:

Applicant Name _____

☐ New Applicant ☐ Return Applicant

OFFICE USE ONLY

Case Number _____

Reviewer Signature _____

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

Would you be willing to share your story for the purpose of promoting/marketing the Benevolent Fund*? ☐ Yes ☐ No

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

Please use the 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 6 pages)
Bank Statements
Damage Assessments
Estimates, if any
Mortgage Statement/Renters Proof
Insurance Documents, if any
Utility Statements
Credit Card Statements, if any
Loan Statements
Additional Support for Request

Included	Submitted

11. AUTHORIZATION

IMPORTANT!

The following authorizations must be given for application to be processed. Authorization will only be active until end of award period, or six months from date of signature.

Applicant Name: _____

Social Security Number: _____ Date of Birth: _____

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 TO OBTAIN CREDIT HISTORY

By signing below, I give the AICPA BENEVOLENT FUND, INC. permission to obtain credit history on me, and/or other household contributors, if applicable.

Applicant's Signature _____ Date _____

If applicable, household contributor's information:

Contributor's Name: _____

Social Security Number: _____ Date of Birth: _____

Contributor's Signature _____ Date _____

☐ **FILL OUT IF FORM COMPLETED BY PERSON OTHER THAN APPLICANT**

Name _____ Phone _____

Signature _____ Date _____

Organization/relationship to the applicant _____

MAIL TO:

AICPA Benevolent Fund, Inc.
Benevolent Fund Administrator
220 Leigh Farm Road
Durham, NC 27707-8110

or **FAX TO** 919.419.4749

*To protect your personal information,
please do not email your application.*

