



Disaster Application for Financial Assistance
NATURAL DISASTER: \_\_\_\_\_

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: \_\_\_\_\_

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. EMPLOYMENT HISTORY

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
Was your office impacted by disaster / Are you able to work? \_\_\_\_\_
Any others in your household of working age and employed? \_\_\_\_\_ Relation: \_\_\_\_\_
Name of Current Employer: \_\_\_\_\_
Current average gross wage: \$ \_\_\_\_\_ per week
Was their office impacted by disaster / Are they able to work? \_\_\_\_\_

## 5. DETAILS REGARDING FINANCIAL NEED

If available, please provide: description detailing circumstances leading to requesting financial assistance, efforts made or being made to no longer be in deficit, photos of damaged property and/or possessions, any additional information from insurance, federal and state assistance, contractors, and replacement costs. If you are unable to provide, this will have no impact on your qualification for aid, but allows reviewers to best determine appropriate amount of assistance.

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**6. OTHER ASSISTANCE**

Is your property within a state or federal disaster area? \_\_\_\_\_

This has no impact on the assessment of your application.

Do you have supplemental insurance for disasters? \_\_\_\_\_

(natural disaster, flood, earthquake, sinkhole, region-specific, umbrella, other)

Type	Date Contacted	Deductible	Response / Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

	Requested		Granted	if Yes, Status of Request				N/A
	Yes	No		Amt Received	Denied	Pending		
FEMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SBA	<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"/>	

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

Comments on status of pending assistance, insurance or otherwise:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. OTHERS LIVING IN THE HOUSEHOLD**

Include children, relatives or any individuals living with you.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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8. MONTHLY CASH RECEIVED*		10. MONTHLY PAYMENTS*		
			Pre-Disaster	Post-Disaster
<i>Employment</i>		<i>Rent or Mortgage</i>	\$ _____	\$ _____
Self	\$ _____	<i>Utilities</i>		
Spouse/Relation	\$ _____	Electric/Gas/Oil/Water	\$ _____	\$ _____
<i>Unemployment Compensation</i>	\$ _____	Phone/TV/Internet/Cell	\$ _____	\$ _____
<i>Other Compensation</i>	\$ _____	<i>Loans/Credit Cards</i>		
<i>Retirement Income</i>	\$ _____	total monthly minimums	\$ _____	\$ _____
	\$ _____		\$ _____	\$ _____
<i>Other (describe)</i>		<i>Medical/Hospital Bills</i>	\$ _____	\$ _____
	\$ _____	<i>Insurance</i>		
	\$ _____	Life	\$ _____	\$ _____
	\$ _____	Medical/Hospital	\$ _____	\$ _____
	\$ _____	Auto	\$ _____	\$ _____
	\$ _____	Home	\$ _____	\$ _____
<b>Total Cash Income</b>	<b>\$ _____</b>	<i>Other</i>		
			\$ _____	\$ _____
			\$ _____	\$ _____
		<b>Total Cash Payments</b>	<b>\$ _____</b>	<b>\$ _____</b>
9. ASSETS		11. LIABILITIES		
<i>Cash on Hand</i>	\$ _____	Please attach details.		
<i>Bank Accounts</i>		<i>Credit Card Balances</i>		\$ _____
Checking	\$ _____			\$ _____
Savings	\$ _____	<i>Loan Balances</i>		\$ _____
401K / Retirement	\$ _____			\$ _____
Other	\$ _____	<i>Mortgages</i>		\$ _____
<i>Automobiles</i>				\$ _____
	\$ _____			\$ _____
year    make    model    value				
	\$ _____			
year    make    model    value				
	\$ _____			
<i>Home</i>				
	\$ _____			
source                    as of                    value				
<i>Other (describe)</i>				
<b>Total Assets</b>	<b>\$ _____</b>	<b>Total Liabilities</b>		<b>\$ _____</b>

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



# Disaster Application for Financial Assistance

## 12. AUTHORIZATION

### AUTHORIZATION TO FURNISH INFORMATION

I have disclosed all of my assets and/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 or my spouse, if applicable.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable, spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

## 13. FILL OUT IF COMPLETED BY PERSON OTHER THAN APPLICANT

Name \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Organization/relationship to the applicant \_\_\_\_\_

### SUBMISSION CHECKLIST

Please review the below before submitting application

Please use the checklist to organize all support documentation. Keep documents loose and remove any staples, paperclips or other binding. Non-bold items are not required, though will help in assessing need for financial assistance.

**Application (all 5 pages)**

**Bank Statements**

**Damage Assessments / Estimates, if any**

Mortgage Statement/Renters Proof

Utility Statements

Credit Card Statements, if any

Insurance Documents

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.

### OFFICE USE ONLY

Case No. \_\_\_\_\_  
Reviewer Signature \_\_\_\_\_