

NYSSCPA BENEVOLENT FUND, INC. APPLICATION FOR FINANCIAL ASSISTANCE

1 DATE PREPARED

2 PERSONAL DATA

Name: _____

Address: _____

City: _____

State: _____

Telephone:(include area code)_____

Date of birth_____

3 PLEASE COMPLETE

- NYSSCPA Member Number_____
- Date of Admission_____
- Social Security Number_____
- Spouse's Social Security Number
(if applicable)_____
- Former NYSSCPA Member_____
- Relative of Member_____
- Relationship_____

4 CHECK ONE

- Married Single
- Divorced Widow/Widower

5 OTHER ASSISTANCE

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

	Request		If Requested		
	Yes	No	Granted	Denied	Pending
Social Security	<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"/>
Food Stamps	<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"/>
Veteran's Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on status, including reasons why assistance was denied:

6 REASON FOR REQUESTING ASSISTANCE (If disability, give starting date and nature and attach physician's statement.)

7 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 and address of current employer: _____

Current average wage \$ _____ per week.

Name and address of prior employer (if not currently employed) _____

Prior average wage: \$ _____ per week.

8 SPOUSE'S OR SIGNIFICANT OTHER'S EMPLOYMENT HISTORY

Occupation _____

Currently employed yes No If currently employed, please indicate
 Full time Part time. Average number of hours per week: _____

Name and address of current employer: _____

Current average wage \$ _____ per week.

Name and address of prior employer (if not currently employed) _____

Prior average wage: \$ _____ per week.

9 DEPENDANTS AND OTHERS LIVING WITH YOU

Include wife, children and any relative or individual living with you who is self-supporting.

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"/>	_____

10 OTHER RELATIVES

Include parents, brothers, sisters and children not listed above.

Name	Relationship	Age	Health	Monthly amount contributed to your support	If no contribution, indicate why
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

Round off to the nearest hundred dollars.

11 HOUSEHOLD ASSETS

Cash on hand \$ _____

Bank accounts: Checking _____

Savings _____

CD's _____

IRA or accounts _____

Other security investments: _____

Life insurance

Face value _____ Cash surrender value _____

Automobiles

	Car #1	Car #2	
Year & Make	_____	_____	_____
Value	\$ _____	\$ _____	\$ _____
			(total)

Home: Current market value* _____

Other real estate (describe):

Personal property (describe):

Total assets _____ \$ _____

12 HOUSEHOLD LIABILITIES

Home mortgage \$ _____

Other mortgages (name):

Doctor, hospital & medical bills exceeding coverage

Auto loans _____

Taxes owed:Income _____

Taxes owed:Real estate _____

Bank loans or notes _____

Credit cards (names):

Current bills (name):

Personal loans (name):

Total liabilities \$ _____

13 HOUSEHOLD NET WORTH

Total assets \$ _____

Less total liabilities \$ _____

Net worth \$ _____

*The trustees will provide financial assistance with the understanding that the recipient provides a non-interest bearing mortgage on his/her residence after one year of Fund assistance.

Round off to the nearest ten dollars.

14 HOUSEHOLD MONTHLY CASH RECEIVED

Accounting	\$ _____
Other occupation	_____
Dependents	_____
Other relations or friends	_____
Interest: Savings	_____
CD's	_____
Bonds	_____
Dividends	_____
Unemployment compensation	_____
Workman's compensation	_____
Veteran's compensation	_____
Social Security benefits	_____
Health & Accident insurance benefits	_____
Pension	_____
NYSSCPA Benevolent Fund	_____
Other (list)	_____

15 HOUSEHOLD MONTHLY CASH PAYMENTS

Food	\$ _____
Rent and mortgage	_____
Utilities: Electric	_____
Gas	_____
Oil	_____
Water	_____
Taxes: Real estate	_____
Other	_____
Insurance: Life	_____
Medical/Hospital	_____
Auto	_____
Home	_____
Loan payments (list)	_____

Credit card payments (list)	_____

Medical/Hospital bills exceeding coverage	_____

Other (excluding charges to credit cards)-list:	_____

Total cash payments:	\$ _____

16 HOUSEHOLD SURPLUS (OR DEFICIT)

Monthly cash received	\$ _____
Less: Monthly cash payments	\$ _____
Surplus (or Deficit)	\$ _____
If deficit, how much do you meet it?	_____

Do you expect any major change in cash received or cash payments in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain	_____

17 TAX INFORMATION

Did you or any other member of your household file a personal tax return in the past year? Yes No
If yes, please attach a copy of the most recent return. If no, please indicate why it was not necessary to file a return.

18 INSURANCE INFORMATION

Do you participate in any of the following insurance plans offered by the NYSSCPA 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"/>

19 BENEVOLENT FUND KNOWLEDGE

How did you learn about the NYSSCPA Benevolent Fund, Inc?.

20 AUTHORIZATION TO FURNISH INFORMATION TO NYSSCPA 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 NYSSCPA 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 NYSSCPA 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 which the NYSSCPA Benevolent Fund Inc., may desire.

Applicant's signature: _____ Date: _____

21 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 NYSSCPA Benevolent Fund, Inc.

Applicant's signature: _____ Date: _____

22 BY SIGNING BELOW, I GIVE THE NYSSCPA 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: _____

23 The application has been prepared reviewed by:

Name _____ Telephone _____
 Organization _____ Signature _____
 Address _____ Date _____

Return to: NYSSCPA BENEVOLENT FUND, INC. 3 Park Avenue, 18 th Floor New York, NY 10016
