

# The CPA Benevolent Fund Application Form

<b>1. PERSONAL DETAILS</b>	<i>(Block Capitals)</i>	<b>OFFICE USE ONLY</b>
(a) Surname		
(b) First Names		
(c) Full Postal Address		
(d) Telephone Number	Day: <input style="width: 100px;" type="text"/> Evening: <input style="width: 100px;" type="text"/>	
(e) e-mail address		
(f) Date of Birth	Day <input style="width: 50px;" type="text"/> Month <input style="width: 50px;" type="text"/> Year <input style="width: 50px;" type="text"/>	
(g) Marital Status i.e. single/divorced etc		
<b>2. SPOUSE/PARTNER</b>	<i>(If married or living with partner - give details below)</i>	
(a) Name		
(b) Address (if different from above)		
(c) Date of Birth	<input style="width: 100px;" type="text"/>	
(d) Relationship		
<b>3. MEMBERSHIP OF THE INSTITUTE</b>	FCPA <input style="width: 100px;" type="text"/> CPA <input style="width: 100px;" type="text"/> Student <input style="width: 100px;" type="text"/>	
(a) Name of Member or Former Member		
(b) Membership Number		
(c) Membership Status		
(d) Your relationship to the Member		
<b>4. HEALTH</b>	Give full details of health and any incapacity:	
(a) Yourself		
(b) Spouse/Partner		
<i>(If space provided is insufficient for any reply, full details should be given on a separate piece of paper)</i>		

**5. Accommodation – Please indicate by ticking the appropriate boxes:**

Do you live in a: House  Apartment  Flat  Residential/Nursing Home  Other (specify)

Is the property: Freehold  Leasehold  Detached  Semi-Detached  Terraced  Other (specify)

Year Built  Value of Property

Are you the: Owner  Tenant  Living with Relatives/Friends   
 Other (please specify)  No in Household

Please indicate the number of rooms in your home: Reception  Bedrooms  Bathrooms  Garage/s

If you own the property, please indicate the state of repair: Good  Fair  Poor

**6. PLEASE GIVE FULL DETAILS OF YOUR MONTHLY EXPENSES:**

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(a) Rent payable per month	<input type="text"/>
(b) Mortgage Repayments per month	<input type="text"/>
(c) Mortgage capital outstanding	<input type="text"/>
(d) Have you discussed reduced payments with your mortgage company?	<input type="text"/>
(e) Ground rent &/or maintenance charges per month	<input type="text"/>
(f) Bonds/Property Insurance per month	<input type="text"/>
(g) Local Authority Service Charges per month	<input type="text"/>
(h) Fuel – (electricity/gas/oil etc.) Please specify <input type="text"/>	<input type="text"/>
(i) Medical Expenses per month (net of State refunds)	<input type="text"/>
(j) Medical Insurance. Please specify level of policy	<input type="text"/>
(k) Motoring costs pm: Tax: <input type="text"/> Insurance: <input type="text"/> Fuel <input type="text"/>	<input type="text"/>
(l) Telephone charges per month	<input type="text"/>
(m) Food costs per month	<input type="text"/>
(n) Other household expenses per month. Please specify, using a separate sheet of paper if necessary	<input type="text"/>
(o) Any other living expenses per month. Please specify, using a separate sheet of paper if necessary	<input type="text"/>
(p) Any other expenses you would like us to consider. Please specify, using a separate sheet of paper if necessary	<input type="text"/>

*(If space provided is insufficient for any reply, full details should be given on a separate piece of paper)*

7. BANK AND OTHER ASSETS			SELF	SPOUSE /PARTNER	For Office Use Only
(a) Bank Name                      Type of Account (e.g. Current, 30 Day, Deposit etc)					
(b) Building Society name                      Type of Account					
(c) Post Office Accounts                      Type of Account (e.g. Ordinary, Investment etc)					
(d) Savings Certificates					
(e) Prize Bonds					
(f) National Savings                      Type of Account (e.g. SSIA's etc)					
(g) Total of all other Capital (Bonds/Deposits/Stocks/Shares/Equities/Options/Saving Schemes etc. <i>Please give details of the name, number held, annual income, dividend, market value and any options for all stocks and shares held by you or your partner.</i>					
Type	Company	Dividends	Self	Spouse/Ptnr	
(h) The value and location of any other land or property that you or your partner own			Self	Spouse/Ptnr	
(i) Any Legacies or Lottery Winnings Etc					
(j) Any other assets not shown above (including land, boats, caravan, artwork etc)					
(k) No. of Cars in Household	<input type="text"/>	Do you hold a valid Driving Licence? Do you maintain your car?	Yes/No* Yes/No*	Yes/No* Yes/No*	
1) Make	Year		Mileage	Value	
2) Make	Year		Mileage	Value	
<b>8. DISPOSAL OF ASSETS</b> – Give details of any Assets (including cash and property) Over €8,000 disposed of, or transferred, in the past 5 years.					
Date of Disposal	Details	Recipient	Self	Spouse/Ptnr	

<b>9. DEBTS</b> – Other than primary mortgage (Specify arrangements made with your lender				Amount Outstanding	
Date of Loan	Lender	Purpose	Arrangement for Payment	Self	Spouse/Ptr
Have you taken the advice of a debt counsellor?				Yes/No	Yes/No
<i>(If space provided is insufficient for any reply, full details should be given on a separate piece of paper)</i>					
<b>10. OCCUPATION</b>				Self	Spouse/Partner
(a) State present Occupation					
(b) If self-employed				Please Provide your last	Set of account
(c) If unemployed are you actively seeking work?					
(d) If No, give reasons (e.g. Retired, permanent incapacity)					
(e) Name and address of current employer					
(f) Date employed from					
(g) Previous employment History From – to					
<b>11. Other Professional/Service Organisations</b> <i>Additional assistance may be available from other professional or Service Organisations</i>					
Are you a member of any other trade/professional body apart from CPA?				Self	Spouse /Partner
<b>12. INCOME.</b> State full details of your income from all sources and give figures before deduction of income tax, PRSI, etc.				Self Nominated Currency	Spouse/Partner Nominated Currency
(a) Salary or earnings State GROSS amount. If in practice, send accounts.	Per week or per Month or per year				
(b) Pensions Gross Weekly Amount	Occupational pensions State penions Annuities				
(c) Are you entitled to any assistance from the state?				Yes/No*	Yes/No*
Please list below details of any State assistance or income not shown above				Self Nominated Currency	Spouse/Partner Nominated Currency
(d) State Welfare Assistance					
(e) Child Allowances					
(f) Housing Costs					
(g) Assistance from Family/and/or Friends					
(i) Income from any other property					
Rent receivable	Gross per Week				
	Expenses per week				
(j) Other Charities					
(k) Any other source					

<b>13. Children</b>					
<b>This section must be completed in ALL cases Please include all your children and those of your spouse/partner</b>					
	1	2	3	4	5
First Name and other initials					
Surname					
Date of Birth					
Relationship to you					
Are they living with you					
Occupation					
Do they contribute to you/the household					
Amount per week					
If not living with you, do you contribute to their maintenance?					
Amount per week					
If still at school, College or University					
Boarder or day pupil					
Fees per term (if any)					
Education grants/scholarships					
Contribution to fees/costs from:					
Relatives					
Grants/Scholarships					
Charities					
Other – Specify <input style="width: 150px; height: 20px;" type="text"/>					
Health					
<b>14. HOUSEHOLD</b>					
<b>Excluding the children above, include all those living with you, including Lodgers</b>					
First name and other initials					
Surname					
Date of Birth					
Relationship to you					
Occupation (Past occupation if retired)					
Marital Status					
Their income (Excluding Lodgers)					
Their contribution to you/the household					
Health					
<b>15. MAINTENANCE</b> To whom paid and the amount	Relationship:				
<b>16. OTHER LIVING RELATIVES</b>	SELF	SELF	SELF	SPOUSE/	SPOUSE/
(e.g. farther, mother, brother, sister, who will not be contacted without your authority)				PARTNER	PARTNER
First name and other initials					
Family Name					
Date of Birth					
Relationship to you					
Occupation					
Marital Status					
Telephone Number					
Nearest Town/City					
Are they able to help you financially?					
Do you help them financially?					
Health					

**17. BANK DETAILS**

(CPA Benevolent Fund may make payments directly into your Bank Account. Please provide the details below.)

Name of Bank		
Address of Bank		
Building Society Ref Number		(If applicable)
Account Name		(The name or names printed on your cheque book)
Sort Code		(Normally 6 digits at the top right of your cheque book)
Account Number		(Normally 8 digits on the bottom line of your cheque book)

**18. PENSION ARRANGEMENTS**

Please give the details of any occupational pension schemes or widow/widower/partner pension entitlements that you or your spouse/partner will be entitled to and the minimum age at which this can be taken. Please also give details of any private/personal or self employed pension fund that you or your spouse may be entitled to, the fund value and the minimum age at which this may be taken.

**19. DECLARATION**

I hereby declare that all questions on this form have been truthfully answered and that all financial details are correct. Where I have provided details or information about my spouse, partner, children, dependents etc., I confirm that I have done so with their consent.

I consent to the CPA Benevolent Fund processing and storing data provided on this form or contained in any communication from me or from those approached under the consent given below. I permit the disclosure of this data to state agencies or other charities or professional bodies who, in the sole discretion of the CPA Benevolent Fund, may be thought to be able to provide assistance to me or my household and family members. I also consent to the staff of these organisations processing and storing data disclosed in them.

If the CPA Benevolent Fund considers it necessary to approach my Local Authority, Bankers or State agency regarding my financial position, or Social Worker or Carer regarding my health, I hereby authorise such approaches. I understand that the CPA Benevolent Fund will endeavour to advise me of its intention to make any such approaches or disclosures, prior to doing so.

I undertake to inform the CPA Benevolent Fund immediately of any changes in my/our circumstances

Signature

Date

If the applicant did not complete the form, please provide your details

Name	_____	Telephone No.
Address	_____	Your relationship to the Applicant
	_____	

**20. CONTACTS**

Please give the details of someone (a neighbour, friend or relative), we could contact only in exceptional circumstances

Name	
Address	
Telephone Number	
Relationship to You	

**21. ADDITIONAL INFORMATION**

Please use the space below to provide any additional information you would like us to consider or to indicate any changes in your circumstances which have recently occurred, or which are likely to occur within the next few months.

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(If space is insufficient, please continue on a separate piece of paper)

Signed		Date	
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**Please return this completed form to:**

**Secretary  
The CPA Benevolent Fund  
9 Ely Place,  
Dublin 2.**

Tel: +353 1 6314648

Registered Charity No: