

**ILLINOIS RETIRED TEACHERS ASSOCIATION FOUNDATION, INC.
APPLICATION FOR ASSISTANCE**

Applicant Information:

Soc. Sec. No. _____

Name _____

Last

First

Middle Initial

Address _____

Street

City

State

Zip Code

Telephone () _____ Birth Date _____ Sex _____ Marital Status _____

Place of Birth _____ Date of Retirement _____ Age at Retirement _____

Years Service In IL _____ Other Creditable Service _____

Living Arrangement (Live alone, with family, rent, or own) _____

INSURANCE: DO YOU HAVE MEDICARE? _____ SUPPLEMENTAL INS. _____ (If so, please state type. Example: TRS or AARP) _____

PLEASE ATTACH A COPY OF:

Retirement Earnings Statement from State Comptroller and most recent 1040 Federal Tax Return

**INCOME (List All Sources):
(Monthly)**

**MONTHLY EXPENSES:
(List on back if needed)**

**Assets (List Real and Personal):
(including home and autos)**

_____ Value _____

_____ Value _____

_____ Value _____

_____ Value _____

_____ Value _____

_____ Value _____

TOTAL INC. _____

TOTAL EXP. _____

TOTAL ASSETS _____

Statement of Need (give full explanation and attach proofs of need):

HOW MUCH DO YOU NEED MONTHLY? _____

CERTIFICATION

I Certify that to the best of my knowledge and belief, the information provided is true, correct, and complete. I understand the information will be disclosed only as needed for administration purposes and that I may be asked to verify information provided.

Signed _____ Date _____

THIS PORTION FOR OFFICE USE ONLY:

Approved: _____ Date: _____

Disapproved: _____ Date: _____