

**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: _____