## ILLINOIS RETIRED TEACHERS ASSOCIATION FOUNDATION, INC.

| Applicant Information:                         |                                       | Soc. Sec. No   |  |
|--|---------------------------------------|--|--|
| Name   |                                       |  |  |
| Name Last                                      | First                                 | Middle   |  |
| Street   | City                                  | STZIP  |  |
| Telephone ( )                                  | Date of Birth                         | Sex Marital Status   |  |
| Date of Retirement                             | Age at Retirement                     | Years of Service in IL   |  |
| Living Arrangement (live al                    | one, with family, rent, or ow         | vn?)   |  |
| Do you have Health Insurar                     | nce Coverage? If so, please           | indicate what coverage below:  |  |
| Medicare A Medicare                            | BTRAIL MAPD                           |  |  |
| Supplemental                                   | TRIP or Private                       |  |  |
| •  | · · · · · · · · · · · · · · · · · · · | m 1040) and your most recent   |  |
| Retirement Earnings Staten                     | nent from Comptroller's of            | ffice.   |  |
| Monthly Income: (list all sources and amounts) |                                       | Assets: (including home and auto)  |  |
|  |                                       | Value  |  |
| Total Income                                   | Total Expenses                        | <u> </u>   |  |
| Statement of Need (give full                   | explanation and attach pro            | oofs of need):   |  |
|  | - F F .                               |  |  |
|  |                                       |  |  |
|  |                                       |  |  |
|  |                                       |  |  |
|  |                                       | (continue on back)   |  |
|  | CERTIFICATION                         |  |  |
|  | ne information will be disclo         | information provided is true, correct, seed only as needed for administration in provided. |  |
| Signed   | Date                                  |  |  |
|  |                                       |  |  |
|  |                                       |  |  |
| THIS PORTION FOR OFF                           | TOF HER ONLY.                         |  |  |
| Approved: Date:                                |                                       |  |  |
|  | nte:                                  |  |  |