



828 S. 2<sup>nd</sup> St, 4<sup>th</sup> Floor, Springfield, IL 62704

# APPLICATION FOR ASSISTANCE

## Applicant Information

**(Please Print)**

Full Name:		Date of Birth:
Address:		
Mobile Phone:		Home Phone:
Social Security #:		Marital Status:
Date (Year) of Retirement:	Age at Retirement:	School District of Retirement:
Years of Service in IL:		Other Creditable Service:
Living Arrangement (Live alone, with family, assisted living facility):		
Do you have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No              Supplemental Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No              If yes, please state type (TRS, AARP, etc):		

**If application is being filled out by a person other than applicant, please provide the following information:**

Full Name:	Relationship to Applicant:
Who should be contacted regarding this application?:	
Preferred method of contact?: <input type="checkbox"/> Phone <input type="checkbox"/> Email	
Phone:	Email:



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## Financial Information

**\*Please attach a copy of the applicant's retirement earnings statement from the Illinois State Comptroller AND most recent Federal Tax Return.**

**Please be advised that copies of this information is required for application review.**

**Monthly Income**  
(List all sources of  
income)

**Monthly Expenses**  
(List additional on back if  
needed)

**Assets**  
(Include Real and personal)

		Value:

TOTALS: \_\_\_\_\_



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## Statement of Financial Need

Please provide a detailed statement of financial need. The financial statement of need should include but is not limited to requested financial amount (be specific – provide exact dollar amount that is needed, if known), intended use of financial assistance, description change in financial need, anticipated duration of financial need.

If you are requesting monthly financial assistance, please provide anticipated length of financial need. Please be advised that funding availability dictates the level of financial assistance that will be provided and the duration of providing ongoing financial assistance. (Monthly financial assistance on an ongoing basis may be provided at a level of up to \$500 for a duration of up to three (3) years.)

## Application Review Process

- At this time, there is no set number of applications that will be approved. Funding availability may dictate the number of applications and the level of financial assistance that will be approved.
- Applications will remain as confidential as possible and will be retained by the IRTAF for as long as is legally necessary.
- Completed applications will promptly be reviewed by the IRTA Foundation Member Assistance Committee. Every effort will be made to review applications as quickly as possible. Please be advised this process may take up to 45 business days for completion. If an application is deemed incomplete, or if more information is requested, the review process may take an additional 45 business days for completion.
- Within 45 business days of receipt of a completed application, the applicant will be notified by the IRTA Foundation whether the application is approved.
- If an application is deemed incomplete, or additional information is required to complete the review, the applicant will be contacted by the IRTA Foundation to request additional information to complete the review process. Please be advised if additional information is requested, the review process may take up to an additional 45 business days for completion.

## Certification

I certify that to the best of my knowledge and belief, the information provided is true, correct, and complete and that I have read the application review process and the parameters of the IRTAF financial assistance program. 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: \_\_\_\_\_