

Date \_\_\_\_\_

Chicago Retired Teachers Aid Fund, Inc.  
 111 N. Wabash Avenue – Suite 2010  
 Chicago, Illinois 60602-2949  
 (312) 750-1522  
 office@crtaf.org

In response to your request for financial assistance we are enclosing two copies of this form to apply for assistance from the Chicago Retired Teachers Aid Fund as well as a self-addressed envelope to return one copy of the form and the supplementary documents. Please retain the second copy of the application and the supplementary documents for your records.

Please note: No spaces should be left blank. If an item does not apply to you, write N/A, in the appropriate space. The completed application must be returned with the following:

- 1) a copy of your 2013 U.S. Income Tax return
- 2) a copy of a 2014 Chicago Teachers Pension Fund payroll check advice notice
- 3) any other payroll check advice documents from other income sources such as another retirement system, Social Security, and/or for other income which you receive.
- 4) Copy of your lease or mortgage agreement.

APPLICATION FOR A GRANT-IN-AID  
 from the Chicago Retired Teachers Aid Fund, Inc.

Name (print) \_\_\_\_\_ Birthdate \_\_\_\_\_

Social Security # \_\_\_\_\_ Marital Status \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

If the above address is that of a nursing home or retirement facility, please indicate its name, the director's name, and the facility's telephone number:

_____	_____	_____
Facility Name	Director 's Name	Phone #

Indicate the name/position held at the last Chicago Public School where you worked

_____	_____
School	Position

Number of years you were employed in the Chicago Public Schools \_\_\_\_\_

Are you a current member of the Retired Teachers Association of Chicago \_\_\_\_\_  
 Yes or No

Emergency Contact Information:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

PART 1 – FINANCIAL INFORMATION

INCOME

- 1. Net amount of the monthly payments which you received from the Chicago Teachers Pension Fund (CTPF) last year. \$ \_\_\_\_\_
  - 2. Net amount of the Social Security checks which you received last year \$ \_\_\_\_\_
  - 3. Net amount of income which you received from any other retirement and/or pension systems last year. \$ \_\_\_\_\_
  - 4. Total of public and/or private assistance which you received last year. \$ \_\_\_\_\_
  - 5. Total amount of interest or dividend income you received last year. \$ \_\_\_\_\_
  - 6. Total amount of family financial assistance you received last year. \$ \_\_\_\_\_
  - 7. Annual health insurance rebate received from the Chicago Teachers Pension Fund last year. \$ \_\_\_\_\_
  - 8. Total amount which you received from income property last year. \$ \_\_\_\_\_
  - 9. Additional sources of income received last year that are **NOT** included in the above categories. Please name the additional sources  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- TOTAL INCOME \$ \_\_\_\_\_

ASSETS

- 9. List your bank accounts (checking, savings, money market, etc.) and the amounts in each
 

Bank	\$ _____ Amount
Bank	\$ _____ Amount
- 10. List your securities (stocks, bonds, IRAs, CDs, etc.) and their value. \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 11. Indicate the type/location of any real estate which you own or in which you have an interest.  
 \_\_\_\_\_  
 \_\_\_\_\_

12. List your Life Insurance Policies and the total of their current values. \$ \_\_\_\_\_  
 \_\_\_\_\_

13. Annuity Value \_\_\_\_\_ \$ \_\_\_\_\_  
 Annuity Company Name/s

14. Indicate the type and estimated value of any additional assets not listed above \$ \_\_\_\_\_  
 \_\_\_\_\_

PART II – EXPENSES AND DEBTS

List regular expenses and financial obligations on a monthly basis, wherever possible.

15. Health Insurance Premiums **paid directly by you** and to whom the payment is made.

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

16. Dental Insurance Premium \_\_\_\_\_ \$ \_\_\_\_\_

17. Rent/ or Mortgage Payment \_\_\_\_\_ \$ \_\_\_\_\_  
 (Copy of lease or mortgage agreement required)

18. Utilities (approximate monthly cost) Gas \$ \_\_\_\_\_  
 Electric \$ \_\_\_\_\_  
 Phone \$ \_\_\_\_\_

19. Nursing Home Expenses not covered by insurance \$ \_\_\_\_\_

20. Prescription Medication expenses not covered by insurance \$ \_\_\_\_\_

21. Life Insurance Premiums \$ \_\_\_\_\_

22. Medical Costs not covered by insurance \$ \_\_\_\_\_

23. Homeowners or Renters property insurance \$ \_\_\_\_\_

24. Additional Regular Expenses not included in the above  
 (specify the type and cost of each expense).  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

If you have any additional information which you wish to share with the Chicago Retired Teachers Aid Fund Grants Committee, please include it in the following space.

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PART III - AGREEMENT

The undersigned applicant agrees to accept the decision of the Grants Committee of the Chicago Retired Teachers Aid Fund, Inc. Should a monthly grant be approved, the applicant agrees to a periodic review of this application and will provide any and all documentation that may be required by the Fund, including, but not limited to, copies of his/her most recent Federal Income Tax return. The undersigned also agrees that the Chicago Retired Teachers Aid Fund, Inc. shall have access to the applicant's record at the Chicago Teachers' Pension Fund office.

Furthermore, the undersigned testifies that all information contained in this application is as complete and accurate as possible and that he/she understands that the Chicago Retired Teachers Aid Fund, Inc. reserves the right to suspend, terminate, or alter the amount of any specific grant or of all grants should circumstances so warrant. If, at any time, the recipient of a monthly grant no longer requires this assistance, the recipient agrees to notify the Chicago Retired Teachers Aid Fund as soon as possible.

The undersigned individual who is hereby applying to the Chicago Retired Teachers Aid Fund, Inc. states that he/she is a retired certificated Chicago Public School educator who currently receives a regular monthly pension from the Chicago Teachers Pension Fund. The applicant is requesting financial assistance in the amount of \$\_\_\_\_\_ per month or is requesting an emergency financial grant in the amount of \$\_\_\_\_\_.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
or

Signature of the Legal Guardian acting on behalf of the applicant  
\_\_\_\_\_ Date \_\_\_\_\_

Name/Address of Legal Guardian \_\_\_\_\_

Notarized by \_\_\_\_\_ this \_\_\_\_ of \_\_\_\_\_ 20\_\_.

Original Notary Seal Affixed Hereto: