

Date \_\_\_\_\_

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

In response to your request for financial assistance we are enclosing two copies of this preliminary form to apply for assistance from the Chicago Retired Teachers Aid. Please retain the second copy of the application and the supplementary documents for your records.

Please note: No spaces should be left blank. The preliminary form must be returned with the following:

- 1) a copy of your filed 2021 U.S. Income Tax return;
- 2) a copy of a 2022 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) a copy of your lease or mortgage agreement;
- 5) your professional resume; please list the paid positions you have had and length of service.

We will contact you as needed, to obtain further information that will help us understand your situation. The grants committee will meet to determine whether to offer a grant and the amount.

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

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

Marital Status \_\_\_\_\_

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

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

Email \_\_\_\_\_

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 \_\_\_\_\_

Emergency Contact Information:

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

Relationship \_\_\_\_\_

Please indicate the purpose for which this grant is being requested.

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 filed 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. Any grants received are considered income and should be reported as such when filing the federal and state income tax return.

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 a one-time emergency financial grant in the amount of \$\_\_\_\_\_ for \_\_\_\_\_.

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

or

Signature of the Legal Guardian acting on behalf of the applicant

\_\_\_\_\_ Date \_\_\_\_\_

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

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

Original Notary Seal Affixed Hereto: on