



# *Robert R. DeCormier Memorial Trust Fund*

an affiliate of

The New York State Retired Teachers' Association, Inc.

DBA Retired Educators of New York

P.O. Box 490 Amsterdam, NY 12010

Phone (518) 482-3509 Website: [www.retirededucatorsny.org](http://www.retirededucatorsny.org)

## **APPLICATION FOR MONTHLY STIPEND**

(The information requested in this application is confidential and will be reviewed only by the Trustees in determining the eligibility of the applicant)

Please answer every question:

1. Name \_\_\_\_\_
2. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
3. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Year of Retirement \_\_\_\_\_ from which District/School/University? \_\_\_\_\_
5. Are you a member of the NYSRTA/RENY? \_\_\_\_\_
6. Have you been a member of the NYSRTA/RENY for at least three years? \_\_\_\_\_
7. How many years were you an educator in the schools of New York State? \_\_\_\_\_  
What were your total years as an educator? \_\_\_\_\_
8. What is the market value of your assets broken down as follows?

Cash	\$ _____
Bank Accounts (passbook, CD's, checking accounts)	\$ _____
Bonds	\$ _____
Stocks	\$ _____
Cash value of Insurance	\$ _____
Cash value of Annuities	\$ _____
Real Estate (home, rental property you own, land)	\$ _____
Car (Make _____ Model _____ Year _____)	\$ _____
Other (please explain _____)	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>
9. Please fill in the following blanks for computing your monthly income

a. Wages, salaries, tips	\$ _____
b. Pension income	\$ _____
c. Interest income (including taxable and non-taxable)	\$ _____
d. Stock income (include dividends and capital gains)	\$ _____
e. Social Security income	\$ _____
f. Other income (annuities, rent, prizes, awards, etc.)	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

10. Please describe any debts that you have by name and amount:

_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL DEBTS</b>	\$ _____

11. Do you have any financial responsibility for another person? \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

12. What are your monthly expenses for:

Insurance (personal such as health, life, long term care)	\$ _____
Insurance (home, renters, fire, liability, other)	\$ _____
Mortgage	\$ _____
Rent	\$ _____
Food	\$ _____
Medicine	\$ _____
Utilities	\$ _____
Home maintenance	\$ _____
Household help (nurses, homemakers, etc.)	\$ _____
Interest	\$ _____
Clothing	\$ _____
Personal Items	\$ _____
Transportation (car, bus, taxi)	\$ _____
Other (please list)	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	\$ _____

13. Are there any relatives who could help with these expenses? \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

14. What is the amount of monthly supplemental financial aid you feel you need on a long-term basis?

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

15. Please add any comments that will help the Trustees to understand your circumstances more fully:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

