



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

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 (____)_____ Email _____
3. Address _____
City _____ State _____ Zip _____
4. Year of Retirement _____ From which district/school/university? _____
5. Are you a member of NYSRTA/RENY? _____
6. Have you been a member of NYSRTA/RENY for at least three years? _____
7. How many years were you an educator in the schools of New York State? _____
8. What were your total years as an educator? _____
9. 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 _____)	\$ _____
TOTAL ASSETS	\$ _____
10. Please fill in the following blanks for computing your monthly income
 - a. Wages, salaries, tips \$ _____
 - b. Pension income \$ _____
 - c. Interest income (including taxable & non-taxable) \$ _____
 - d. Stock income (include dividends and capital gains) \$ _____
 - e. Social Security income \$ _____
 - f. Other income (annuities, rent, prizes, awards, etc.) \$ _____

TOTAL MONTHLY INCOME	\$ _____
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11. Please describe any debts that you have by name and amount

_____ \$ _____
_____ \$ _____
_____ \$ _____
TOTAL DEBTS \$ _____

12. Do you have any financial responsibility for another person? _____

Explain: _____

13. 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 paid	\$ _____
Clothing	\$ _____
Personal items	\$ _____
Transportation (car, bus, taxi)	\$ _____
Other (please list)	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

14. Are there any relatives who could help with these expenses? _____

Explain _____

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

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

17. I understand that the above report and the attached information are confidential statements made to the Trustees of the Robert R. DeCormier Memorial Trust Fund, and I certify that all of the information provided in this statement and its attachments are true and correct.

Date _____ Signed _____

Emergency Contact Person _____ Phone _____

**Return this form and a copy of your most recent income tax form to:
Mary Lou Davis, Treasurer, 125 Andrews Road, LaGrangeville, NY 12540.**