



## *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 (\_\_\_\_)\_\_\_\_\_ 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 _____)	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>
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.)	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

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

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

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)	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>

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?

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

[illegible]

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Updated Dec. 2025