The Texas Retired Teachers Foundation

**Disaster Relief Short-Term Assistance Request**

*TRTF’s Disaster Relief program assists members of the Teacher Retirement of Texas (TRS) who require emergency assistance for a one-time special need or other short-term hardship as a result of a disaster. Approved grant recipients for this short-term assistance will receive a one-time grant from TRTF*

*via direct deposit or check.*

*Grant seekers are NOT required to be members of the Texas Retired Teachers Association (TRTA) but must be eligible to receive benefits from the Teacher Retirement System (TRS) of Texas by either receiving an annuity or spousal benefits, or by being vested in TRS through their employment with a public school in Texas.*

Complete Sections 1 and 3 of the request and return to TRTF at 313 E. 12th Street, Ste. 200, Austin, TX 78701 or email to [help@trtf.org](mailto:help@trtf.org). For questions about the application process, please call 1.800.880.1650 or email [help@trtf.org](mailto:help@trtf.org).

**SECTION 1** *To be completed by the Grant Seeker*

Grant Seeker Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_State\_\_\_\_ ZIP\_\_\_\_\_\_

Are you displaced from your home currently? (Check one) □ YES □ NO

*If yes, please provide an alternate address where you are able to receive mail below.*

Alternate Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_State\_\_\_\_ ZIP\_\_\_\_\_\_\_

Through what estimated date are you able to receive mail at your alternate address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of the Texas Retired Teachers Association? (Check one) □ YES □ NO

Are you receiving or eligible to receive benefits from TRS? (Check one) □ YES □ NO

Are you employed currently with a Texas public school? (Check one) □ YES □ NO

*If yes, please list name of school where you are employed.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include proof of your TRS annuity or proof of employment in a Texas public school. Examples include a bank statement, a tax statement (1099, W2, etc.), a paystub, or even a school identification/badge.**

Briefly explain the nature of your emergency and for what needs you will be using financial assistance from TRTF.

(If more space is needed, please attach an additional page).

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

**SECTION 2** *To be completed ONLY if Section 1 is completed by a friend or family member of the Grant Seeker*

Name of Person Completing Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_

**SECTION 3**

TRTF’s preferred method of providing aid to Disaster Relief recipients is via direct deposit. If you are uncomfortable with providing the information requested below for a direct deposit, TRTF will issue and mail a paper check to your permanent address if you are residing there currently or your alternate address if you have been misplaced from your residence. Please indicate your preference below:

If approved for a TRTF Disaster Relief grant, I prefer: (Check one) □ Direct Deposit □ Paper Check

Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_