

**MICHIGAN VETERANS TRUST FUND  
FINANCIAL STATEMENT**

*Under the authority of Public Act 9 of 1946, (MCL 35.601-610), the following information is required to supplement Page 1 of this application.*

VETERAN'S NAME	APPLICANT'S NAME (if other than veteran)	DATE
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MONTHLY INCOME		MONTHLY EXPENSES		
TYPE	AMOUNT	TYPE	ACTUAL AMT. PAID	ANNUAL PAYMENTS
Wages (Veteran)	\$0.00	Rent*	\$0.00	
Wages (Spouse)	\$0.00	Mortgage*	\$6.00	
Social Security (Veteran)	\$0.00	Food	\$6.00	
Social Security (Spouse)	\$0.00	Heating/Gas*	\$6.00	
SSI Benefits	\$6.00	Auto Payment(s)*	\$0.00	
VA Compensation	\$6.00	Electricity*	\$0.00	
Military Retirement	\$6.00	Telephone*	\$0.00	
VA Pension	\$0.00	GARBAGE	\$6.00	
Civilian Pension	\$0.00	Property Taxes*	\$0.00	\$0.00
Rental Income	\$0.00	Insurance (House)	\$0.00	\$0.00
Investments	\$6.00	Medical*/Prescriptions	\$0.00	
Unemployment	\$0.00	Car Insurance	\$0.00	\$0.00
ADC	\$0.00	Child Support/Care	\$0.00	
Food Stamps	\$0.00	Gasoline	\$0.00	
SDI (State)	\$0.00	Cable TV	\$0.00	
Other	\$0.00	CREDIT CARDS	\$0.00	
	\$0.00	Other	\$0.00	
Total		Total:		

\*These items *must be verified* by receipts or account books.

ASSETS (annotate Totals)				LIABILITIES (Balances)	
Savings	\$0.00	Bonds / CDs	\$0.00	Mortgage Balance	\$0.00
Real Estate (Home Value)	\$0.00	Auto	\$0.00	Loan(s) Balance	\$0.00
IRAs	\$0.00	Auto	\$0.00	Credit Cards	\$0.00
Other-Real Estate	\$0.00	Other	\$0.00	Medical Bills	\$0.00

I hereby certify that I and/or my dependents have no other financial resources other than those listed above. Combined with the information on the emergency grant application, this is an accurate presentation of my financial status.

SIGNATURE OF APPLICANT	DATE
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Complete & send WHITE original to Michigan Veterans Trust Fund, Third Floor Ottawa Bldg., 3423 N. Martin Luther King Blvd.a, Lansing, MI 48906  
DMVA MVTF-1a (05/06)