

### FINANCIAL STATEMENT

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

\*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. Subject to Section 23.

SIGNATURE OF APPLICANT	DATE
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