

NATIONAL GUARD ASSOCIATION OF MICHIGAN

VETERANS SUPPORT GRANT

INCOME/EXPENSE STATEMENT

NAME: _____

DATE: _____

INCOME (LIST ALL APPLICABLE INCOME/ ALL HOUSEHOLD CONTRIBUTORS)

MONTHLY PAYCHECK	\$ -
MONTHLY PAYCHECK SPOUSE	\$ -
MONTHLY PAYCHECK #2	\$ -
MONTHLY PAYCHECK #3	\$ -
MONTHLY RETIREMENT	\$ -
MONTHLY RETIREMENT SPOUSE	\$ -
MONTHLY VA	\$ -
MONTHLY DISABILITY	\$ -
MONTHLY SOCIAL SECURITY	\$ -
MONTHLY SOCIAL SECURITY	\$ -
ADDL INCOME #1	\$ -
ADDL INCOME #2	\$ -
ADDL INCOME #3	\$ -
ADDL INCOME #4	\$ -
ADDL INCOME #5	\$ -
ADDL INCOME #6	\$ -

* SPECIFY INCOME SOURCE: RETIREMENT, DISABILITY, SOCIAL SECURITY, ETC

TOTAL MONTHLY INCOME:

\$ -

EXPENSES (LIST ALL EXPENSES)

RENT/MORTGAGE	\$ -
RENT/MORTGAGE	\$ -
UTILITIES- ELECTRICITY	\$ -
UTILITIES- GAS	\$ -
UTILITIES- WATER	\$ -
UTILITIES- PHONE	\$ -
UTILITIES- INTERNET	\$ -
UTILITIES- CABLE	\$ -
CAR PAYMENT	\$ -
CAR PAYMENT	\$ -
CREDIT CARDS (TOTAL)	\$ -
INSURANCE- HEALTH	\$ -
INSURANCE- HOME	\$ -
INSURANCE- CAR	\$ -
OTHER	\$ -
OTHER	\$ -
OTHER	\$ -
OTHER	\$ -

* SPECIFY OTHER EXPENSES; GROCERY, MEDICATION, MEDICAL BILLS, REC. VEHICLES, ETC.

TOTAL MONTHLY EXPENSES:

\$ -