

# NATIONAL GUARD ASSOCIATION OF MICHIGAN

## VETERANS SUPPORT GRANT

### INCOME/EXPENSE STATEMENT

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**INCOME** (LIST ALL APPLICABLE INCOME/ ALL HOUSEHOLD CONTRIBUTORS)

**EXPENSES** (LIST ALL EXPENSES)

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	\$	_____

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	\$	_____
MONTHLY FOOD	\$	_____
MONTHLY VEH GAS	\$	_____
OTHER	\$	_____
OTHER	\$	_____
OTHER	\$	_____

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

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

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

**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

