

# Monthly Income Worksheet

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_ **Phone Nr 1:** \_\_\_\_\_

**Veterans Income:** \_\_\_\_\_ **Phone Nr 2:** \_\_\_\_\_

Current or Former Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Hourly/Salary

Employer Telephone #: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

If not employed, is the Veteran looking for work? Yes No Has the Veteran signed up with JFS Vet Rep? Yes No

## Spouses Income:

Current or Former Employer: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Hourly/Salary

Employer Address: \_\_\_\_\_

Employer Telephone #: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

## Present Monthly NET Income (round off) (must present latest documents to confirm income)

Wages, Veteran	\$ _____	
Wages, Spouse	\$ _____	
Wages, Other	\$ _____	(anyone in your household that provides income or support to you)
VA Pension/Compensation	\$ _____	
Retirement Income	\$ _____	Other Assets
Social Security – Veteran	\$ _____	Checking \$ _____
Social Security – Spouse	\$ _____	Savings/CDs \$ _____
Social Security – Others	\$ _____	401K \$ _____
Unemployment Benefits	\$ _____	Other \$ _____
Workman's Compensation	\$ _____	(List all sources, if none, state none)
Income from Child Support	\$ _____	
Income provided from others	\$ _____	

Total of Monthly Income (net): \$ \_\_\_\_\_  
(Transfer Total Monthly income to Total Net Income on next sheet)

# Monthly Expenses Worksheet

## Major Loan Information

Vehicle Year, Make, Model	Amount still owed	Percentage	Monthly Payment
Vehicle #1			
Vehicle #2			
Boat/motorcycle/camper/other (specify which)			

Expense Type	Payment
Food-Grocery Store (estimated - weekly amount spent x 4)	
Gasoline/Transportation (estimated - weekly amount x 4)	
Rent/Mortgage	
Lot Rent	
Gas/Oil/Propane (Home)	
Electric	
Water/Sewage/Garbage Pickup	
Home Phone (Indicate if included with Cable and/or internet)	
Cell Phone (Number of phones in family)	
Homeowner's/Tenant Insurance (if not included in mortgage)	
Car Insurance	
Life Insurance	
Cable /Satellite TV (Indicate if it includes telephone or internet)	
Vehicle Payments (Total from above)	
Prescriptions (on a monthly basis)	
Medical (doctor, dentist, eye care, prescriptions, co-pays)	
Child Support paid out	
Daycare	
House Taxes (if not included in mortgage)	
Charge Account Name (Total owed: \$ ) % ( )	
Charge Account Name (Total owed: \$ ) % ( )	
Charge Account Name (Total owed: \$ ) % ( )	
Charge Account Name (Total owed: \$ ) % ( )	
**Charge Account Name (Total owed: \$ ) % ( )	
Installment loan with (Total owed: \$ ) % ( )	
**Installment loan with (Total owed: \$ ) % ( )	
Other expenses (explain)	
Internet access (Indicate if it is included with cable and/or telephone)	
<b>Total Expenses:</b>	

(All expenses MUST be verified by providing latest statements or bills)

Note: If there are more information, installment loans or charge accounts than can be listed above, please put on another sheet.

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
**Total Net Income (From page 1)**                      **Total Expenses**                      **Balance (Positive/Negative)**

I understand if I make false statements to Union County Veterans Service or give false information on this application or provide false income or expense information, I could be prosecuted or denied all future Union County Veteran Service Commission financial assistance. I have completed all the information pertaining to my application and I certify it is correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

VSO Representative