

Income		Expenses	
Veteran's Wages	\$	Transportation	\$
Household Income (Other than Veteran's Wages)	\$	Rent/Mortgage	\$
G.I. Bill	\$	Utilities	\$
State Loans/Grants	\$	Telephone ¹ (L/M)	\$
Retirement Income	\$	Food/Incidentals	\$
VA Compensation/Pension	\$	Medical/ Dental	\$
Unemployment	\$	Insurance ¹	\$
Gas/Food Share/Badger Care	\$	Child Care	\$
Other Income (including housing subsidy)	\$	Other Expenses	\$
TOTAL INCOME:	\$0.00	TOTAL EXPENSES	\$0.00

NOTE:

- a. THIS TABLE CAN BE COMPLETED ON THE COMPUTER AND TOTALED. IF COMPLETING BY HAND IGNORE THE PRESET TOTAL OF \$0.00.
- b. COMPLETE THE INCOME PROVIDER WORKSHEET (Addendum / 3 of 3)

1 Please explain your telephone service (e.g., a stand alone mobile phone, a phone which is part of an internet provider providing television and internet service - please list these expense. Insurance includes homeowners, renters, medical/health, life insurance, etc.).

As the above applicant for Financial Assistance I certify that the above information and that included on the added pages marked 1 (Household), 2 (Why Assist). and/or 3 (additional Support), if applicable, and the Addendum is true and correct to the best of my knowledge.

I recognize that providing false statements or omissions will automatically nullify this application.

By checking this box, I authorize the Wisconsin Veterans Foundation, Inc. to use this correspondence in their literature, electronic communications or other means.

Veteran's Signature _____ Print Veteran's Name _____ Date _____

I certify that I reviewed the veterans Financial Application to the Wisconsin Veterans Foundation, Inc. which appears to be correct. As the certifying C/TVSO or VSO I **will will not** be including my recommendations relative to this application. Submittal date will be on cover sheet as faxed to Foundation from C/TVSO or VSO.

C/TVSO or VSO Signature _____ Print Name _____ Date _____

County _____ Organization _____ Contact Number _____ Email _____

ADDENDUM

**A LIST OF ALL PROVIDERS (i.e., Income, Support, and Expenses) MUST BE COMPLETED
ALL INFORMATION WILL REMAIN CONFIDENTIAL**

RENT MORTGAGE	TELEPHONE
NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____
HEAT	CHILD SUPPORT
NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____
HEALTH INSURANCE	WATER
NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____
VEHICLE INSURANCE	HOMEOWNERS / RENTERS INSURANCE
NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____
CHILD CARE PROVIDER	OTHER
NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____
ELECTRICITY	OTHER
NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ ACCOUNT: _____

NOTES: