

FINANCIAL INFORMATION

Monthly Income

Monthly Expenses

Earnings of Veteran \$ _____
Earnings of other Parent \$ _____
Earnings of others in household \$ _____
VA Pension(s) \$ _____
Public Assistance \$ _____
Other monthly assistance \$ _____

Shelter \$ _____
Electricity \$ _____
Gas \$ _____
Water/ sewage \$ _____
Waste \$ _____
Food \$ _____
Clothing \$ _____
Other *child* expenses \$ _____
Specify: _____

Specify: _____

Total Income \$ _____

Total Expenses \$ _____

!!! Important: Include only recurring monthly income and expenses. Don't include one-time assistance or accumulative balances. **!!!**

INVESTIGATOR'S REPORT

This section is to be filled out by the American Legion Post official only. Applicants may submit a statement by attaching a separate sheet to the application. Please include a detailed description of the family's situation, steps taken to secure other assistance, and follow-up plans of the local Post and/ or investigator. Attached separate sheet if additional space is required.

SIGNATURES

Investigator

I, an authorized member of The American Legion, certify that the above investigation has been conducted and that the applicant has exhausted all other known forms of assistance at this time.

Investigator's name & position: _____ Telephone: _____

Address: _____

Signature: _____ Date: _____

Applicant

I, the applicant, certify that the information provided in this application is true and current to the best of my knowledge.

Name: _____ Signature: _____ Date: _____

Department Children & Youth Chairman or Department Official

I have reviewed this case and recommend assistance be granted in the amount of \$ _____

Comments: _____

Signature: _____ Date: _____