

Allegan County Department of Veterans Services
Veterans' Relief Form

(circle if apply) widow/widower child of Veteran		Veterans Name: _____		Application# _____	
		Address: _____			
		Phone: _____			
		Date enlisted: _____		Date Discharge: _____	
Type of Discharge:		Honorable		Other than Honorable	
Monthly Income				Monthly Expense	
TYPE	AMOUNT	TYPE	monthly payment	Actual payment	
Wages	\$0.00	Rent	\$0.00		
Social Security (v)	\$0.00	Mortgage	\$0.00		
Social Security (w)	\$0.00	Food	\$0.00		
SSI Benefits	\$0.00	Heating/Gas	\$0.00		
VA comp	\$0.00	Auto Payments	\$0.00		
Military retirement	\$0.00	Electricity	\$0.00		
VA Pension	\$0.00	Telephone	\$0.00		
Civilian Pension	\$0.00	Water	\$0.00		
Rental Income	\$0.00	Property Taxes	\$0.00		
Investments	\$0.00	House/Rent Ins.	\$0.00		
Unemployment	\$0.00	Medical/Prescript	\$0.00		
ADC	\$0.00	Car Insurance	\$0.00		
Food Stamps	\$0.00	Child Support	\$0.00		
SDI	\$0.00	Gasoline	\$0.00		
Other	\$0.00	Cable TV	\$0.00		
Spouse - Unemployment	\$0.00	Credit Cards	\$0.00		
		Internet	\$0.00		
		Home Insurance	\$0.00		
Total	\$0.00	Total	\$0.00		
ASSETS		LIABILITIES			
Savings	\$0.00	Mortgage balance	\$0.00		
Real Estate (value)	\$0.00	Loan(s) balance	\$0.00		
IRAs	\$0.00	Credit Cards	\$0.00		
Bonds	\$0.00	Medical Bills	\$0.00		
Auto	\$0.00	Others	\$0.00		
Other Items	\$0.00				
Bill's requesting assistance with:			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
		TOTAL:	\$0.00		
NOTES:					
I hereby certify that I and/or my dependents have no other financial resources other than those listed above. Combined with the information on this sheet, this is an accurate presentation of my financial status and I authorize the release of information to verify this application.					
Signature _____			Date: _____		