

## ARIZONA STATE VETERAN HOME FINANCIAL INFORMATION STATEMENT

The following information is required to process your application for admission to the Arizona State Veteran Home. If this information is incomplete, it will delay consideration of your application. If questions are not applicable, please indicate with the abbreviation "N/A". Information submitted is subject to verification. The Arizona State Veteran Home reserves the right to request verification of any funds received by copies of award forms or award letters.

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 APPLICANT'S SOCIAL SECURITY # \_\_\_\_\_  
 SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_

<b>A. <u>MONTHLY INCOME</u></b>	<b><u>VETERAN</u></b>	<b><u>SPOUSE</u></b>
Social Security Benefits	_____	_____
U.S. Civil Service benefits (annuity number) _____	_____	_____
U.S. Railroad retirement (number) _____	_____	_____
Military Retirement	_____	_____
V.A. Awards (type) _____	_____	_____
State Retirement	_____	_____
Company Retirement	_____	_____
Private Retirement	_____	_____
Black Lung	_____	_____
Benefit	_____	_____
SSI/Public Assistance	_____	_____
Total Wages	_____	_____
Total Dividends	_____	_____
Total Interest	_____	_____
Other (specify source) _____	_____	_____
<b><u>TOTAL MONTHLY INCOME FROM ALL SOURCES</u></b>	_____	_____

<b>B. <u>EXPENDITURES</u></b>
Medicare B Premium (per month) _____
ALTCS Share of Cost (per month) _____

<b>C. <u>ONE TIME INCOME IN THE PAST 12 MONTHS</u></b>	_____	_____
Type _____	_____	_____
Type _____	_____	_____

<b>D. <u>NET WORTH (Excluding Home and Auto)</u></b>
Cash _____ Bank Account _____ Savings _____
CD's _____ Millers Trust _____ Revocable Trust _____

**NET WORTH TOTALS** \_\_\_\_\_

**E. MEDICAL EXPENSES NOT REIMBURSED LAST YEAR** \_\_\_\_\_

Signing below certifies that the above information is complete and correct. Authorization is given to verify any information provided herein.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_