

Northeast Veteran Training and Rehabilitation Center

Financial Disclosure

Veteran's Name: _____ Cell phone: _____

Email: _____

Please attach the most recent statement, voucher, letter, check stub, or other substantiating document for each the following:

Salaries, Wages & Miscellaneous (Include part-time and work-study) Employed yes no looking

Employer/address/phone	Monthly Income
_____	\$ _____

_____	\$ _____
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Unemployment Benefit yes no applied (date _____) not applicable

_____	\$ _____
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Social Security & Disability Benefits yes no applied (date _____) not applicable

Source	Monthly Income
_____	\$ _____

_____	\$ _____
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Educational Assistance (List all federal/state/private: tuition, fees, books, scholarships, grants to which you are entitle, i.e. GI Bill, National Guard Benefits / scholarships/grants please provide most recent check stub or direct deposit statement):

Have you applied yes no, if no why? _____

Source	Monthly Income
_____	\$ _____

_____	\$ _____
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Other Benefits/Sources of Income:

Chapter 115: Have you applied yes no, if no why? _____

If yes, determination authorized amount of award \$ _____ not authorized Waiting for authorization

Transitional Assistance: Have you applied yes no if no why? _____

If yes, determination authorized amount of award \$ _____ not authorized Waiting for authorization

Other Sources of Income continued:

Food Stamps: Have you applied yes no if no why? _____

If yes, determination authorized amount of award \$ _____ not authorized Waiting for authorization

VASH: Have you applied yes no if no why? _____

If yes, determination authorized amount of award \$ _____ not authorized Waiting for authorization

Other: _____ Have you applied yes no, if no why? _____

If yes, determination authorized amount of award \$ _____ not authorized Waiting for authorization

COURT ORDERED FEE (you must provide a current copy of the court order) \$ _____ per month.

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I attest that the information reported on this financial Disclosure form is complete and accurate as of this date. **I understand and agree that deliberate omissions, falsifications or misrepresentations of financial information are grounds for immediate disqualification and dismissal** from the NORTHEAST VETERAN TRAINING AND REHABILITATION CENTER (NVTRC).

Upon acceptance into the Program, residents will be assessed a program fee based on no more than 30% of their adjusted income not to exceed \$500.00 per month (this cap is subject to change, if changed all residents will be provided 60 days written notice). Admission is not dependent on individuals financial situation.

Financial Disclosure forms will be completed and signed by residents twice per year (June and December), or whenever there is a change in a resident's financial situation that is brought to the attention of NVTRC staff.

By signing this form I understand and agree to the conditions outlined above by Veteran Homestead, Inc./NVTRC, and grant permission to verify the contents of this financial disclosure.

Applicant Signature

Date