

## MONTHLY INCOME VERIFICATION

SOURCE	APPLICANT	SPOUSE	TOTAL
VA Service-Connected Compensation	_____	_____	_____
VA Non-Service-Connected Pension	_____	_____	_____
Social Security	_____	_____	_____
Retirement	_____	_____	_____
Dividends and Interest	_____	_____	_____
Real Estate	_____	_____	_____
All Other Assets	_____	_____	_____

- PLEASE PROVIDE SUPPORTING DOCUMENTATION TO VERIFY THE INCOME NOTED ABOVE.
- PROVIDE A COPY OF ANY AWARD LETTER FOR VA COMPENSATION, SOCIAL SECURITY, RETIREMENT OR OTHER BENEFITS
  - FOR EXAMPLE: PROVIDE ONE OF THE FOLLOWING FOR VA COMPENSATION, SOCIAL SECURITY, RETIREMENT, DIVIDENDS OR INTEREST:
    - MOST RECENT CHECK STUB, COPY OF MOST RECENT CHECK, LAST STATEMENT SHOWING MONTHLY INCOME OR BANK STATEMENT RECORDS SHOWING MOST RECENT DEPOSIT
- REAL ESTATE – PLEASE PROVIDE COPIES OF CANCELLED CHECKS OR COPY OF REAL ESTATE AGREEMENT
- ALL OTHER ASSETS – PLEASE PROVIDE COPIES OF THE MOST RECENT STATEMENT FOR INCOME FROM OTHER ASSETS

**EVERY RESIDENT OF THE FACILITY SHALL BE RESPONSIBLE FOR THE FULL RESIDENT CARE AND MAINTENANCE FEE. THE FACILITY'S ADMINISTRATOR MAY CONSIDER WAIVER OF PAYMENT OF CARE AND MAINTENANCE FEES ONLY FOR THE AMOUNT OF DIFFERENCE OF TOTAL INCOME OF THE VETERAN AND SPOUSE, WHEN APPLICABLE, AND THE TOTAL CHARGE FOR CARE AND MAINTENANCE.**

**THE CARE AND MAINTENANCE FEE IS CURRENTLY \$ 1,540.00 PER MONTH. AT THE TIME OF ADMISSION, CARE AND MAINTENANCE FEES WILL BE ASSESSED ON ALL FAMILY INCOME SOURCES. FEES WILL BE ADJUSTED WHEN THERE IS A CHANGE IN FAMILY INCOME, RETROACTIVE TO THE CHANGE.**

\_\_\_\_\_  
Signature of Applicant/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date