

Additional Information

3(1). Specify income recipient's relationship to veteran Line 1:

CHILD

3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)

Line 1:

Jane Doe

3(3). Specify the type of income Line 1:

WAGES

3(4). Gross monthly income Line 1:

99999.99

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 1:

Generic Company, LLC

3(1). Specify income recipient's relationship to veteran Line 2:

OTHER

3(1). Specify income recipient's relationship to veteran Line 2:

Cousin

3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)

Line 2:

Sam Jenkins

3(3). Specify the type of income Line 2:

OTHER

3(3). Specify the type of income Line 2:

Stocks

3(4). Gross monthly income Line 2:

99

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 2:

Investment Company

3(1). Specify income recipient's relationship to veteran Line 3:

VETERAN

3(3). Specify the type of income Line 3:

SOCIAL_SECURITY

3(4). Gross monthly income Line 3:

102.33

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 3:

Social Security Administration

3(1). Specify income recipient's relationship to veteran Line 4:

SPOUSE

3(3). Specify the type of income Line 4:

RETIREMENT_PENSION

3(4). Gross monthly income Line 4:
1099.99

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 4:
Pension Benefit Management

3(1). Specify income recipient's relationship to veteran Line 5:
PARENT

3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other) Line 5:
Edmund Doe

3(3). Specify the type of income Line 5:
CIVIL_SERVICE

3(4). Gross monthly income Line 5:
12345.67

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 5:
Personnel Management

3(1). Specify income recipient's relationship to veteran Line 6:
CUSTODIAN

3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other) Line 6:
Sam Doe

3(3). Specify the type of income Line 6:
UNEMPLOYMENT

3(4). Gross monthly income Line 6:
1000

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 6:
Agency of Unemployment