OMB Approved No. 2900-0165
Respondent Burden: 1 hour

Department of Veterans Affairs

FINANCIAL STATUS REPORT

(Type or print all entries. If more space is needed for any item, continue under Section VII, Additional Data, or attach separate sheet)

1. SOCIAL SECURITY NO.	2. FILE NO.
3. LOAN NO.	

PRIVACY ACT INFORMATION: The responses you submit are considered confidential, (38 U.S.C. 5701), formerly 3301. They may be disclosed outside The Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. Income and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103 (1) (7) (D) of the Internal Revenue Code of 1986. Any information provided by you including your Social Security Number, may be used in matching programs conducted in connection with any proceeding for the collection of an amount owed the United States by virtue of your participation in any benefit program administered by VA.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (045A4), 810 Vermont Ave., NW, Washington, DC 20420. SEND COMMENTS ONLY. DO NOT SEND THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.

SECTION I- PERSONAL DATA

4. FIRST-MIDDLE-LAST NAME OF PERSON		5. ADDRESS *(Number and street or rural route, City or P.O., State, and ZIP Code)*
6. TELEPHONE NO. *(Include Area Code)*	7. DATE OF BIRTH	8. MARITAL STATUS ☐ MARRIED ☐ NOT MARRIED
9. NAME OF SPOUSE		10. AGE(S) OF OTHER DEPENDENTS

COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS

KIND OF JOB	DATES *(Month, year)* FROM	TO	NAME AND ADDRESS OF EMPLOYER
11. YOUR EMPLOYMENT EXPERIENCE			
		PRESENT TIME	
12. YOUR SPOUSE'S EMPLOYMENT			
		PRESENT TIME	

SECTION II - INCOME

AVERAGE MONTHLY INCOME	SELF	SPOUSE
13. MONTHLY GROSS SALARY *(Before payroll deductions)*	$	$
14. DEDUCTIONS		
A. FEDERAL STATE AND LOCAL INCOME TAXES		
B. RETIREMENT		
C. SOCIAL SECURITY		
D. OTHER *(Specify)*		
E. TOTAL DEDUCTIONS *(Items 14A through 14D)*		
15. NET TAKE HOME PAY *(Subtract Items 14E from 13)*		
16. PENSION, COMPENSATION, OR OTHER INCOME *(Specify)*		
17. TOTAL MONTHLY NET INCOME *(Item 15 plus Item 16)*	$	$

SECTION III - EXPENSES

AVERAGE MONTHLY EXPENSES	AMOUNT
18. RENT OR MORTGAGE PAYMENT	$
19. FOOD	
20. UTILITIES AND HEAT	
21. OTHER LIVING EXPENSES	
22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS	
23. TOTAL MONTHLY EXPENSES	$

SECTION IV - DISCRETIONARY INCOME

24A. NET MONTHLY INCOME LESS EXPENSES *(Item 17 less Item 23)*	24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT
$	$

EXISTING STOCKS OF VA FORM 20-5655, JUL 1993, WILL BE USED.