



# Women Marines Association

## Matching Funds and Grants Program

Veteran's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Complete this form and return to [MFG@womenmarines.org](mailto:MFG@womenmarines.org). All dollars should be entered on a MONTHLY basis (average if needed).

Provide a copy of your latest paystub and/or proof of other income such as Social Security Income/Disability or Disability Compensation from the Department of Veterans Affairs.

Net amount refers to the amount you receive after taxes, not your gross salary or total monthly Social Security benefit before taxes are taken out.

### **INCOME, LIVING & TRANSPORTATION EXPENSES (MONTHLY)**

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**MONTHLY INCOME:**

Net pay from job \_\_\_\_\_  
Net pay of spouse \_\_\_\_\_  
Child Support \_\_\_\_\_  
VA Disability \_\_\_\_\_  
VA Education Benefits \_\_\_\_\_  
Social Security (net amount) \_\_\_\_\_  
SNAP/WIC (Yes/No) \_\_\_\_\_  
Unemployment Benefits \_\_\_\_\_

**TRANSPORTATION:**

Vehicle(s) Payment \_\_\_\_\_  
Vehicle Insurance \_\_\_\_\_  
Vehicle Registration \_\_\_\_\_  
Parking/Tolls/Public \_\_\_\_\_  
Transportation \_\_\_\_\_  
Other: \_\_\_\_\_

**HOME EXPENSES:**

Rent/Mortgage \_\_\_\_\_  
Electric/Natural Gas \_\_\_\_\_  
Water/Sewage/Garbage \_\_\_\_\_  
Homeowners/Renters \_\_\_\_\_  
Insurance \_\_\_\_\_  
HOA Fees/Taxes \_\_\_\_\_  
Security Systems \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Phone/Internet/Cable \_\_\_\_\_  
Other (Tuition) \_\_\_\_\_

**HEALTH EXPENSES:**

Insurance (life, other) \_\_\_\_\_  
Medical (co-pays, dentist, \_\_\_\_\_  
orthodontist) \_\_\_\_\_  
Other \_\_\_\_\_

**CONTRIBUTIONS:**

Family \_\_\_\_\_  
Religious/Charities \_\_\_\_\_

I, \_\_\_\_\_, certify that the above information is accurate and true and I understand that providing false information will result in the disapproval of my request for a grant.

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Save and rename this file to your PC and then attach to an email to send to WMA's Emergency Grant Fund at [MFG@womenmarines.org](mailto:MFG@womenmarines.org)