

UNITED WAY OF NORTHEASTERN MINNESOTA ECONOMIC ANALYSIS
“United for Veterans” Fund

| A. Present Financial Resources | Per Month | Explanation/Itemization |
|---|------------------|--|
| Income from Present Job(s) | \$ | (Include all household member incomes) |
| Unemployment Insurance | \$ | |
| Supplemental Unemployment | \$ | |
| Food Stamps | \$ | |
| MFIP or other cash assistance | \$ | |
| Grants (Pell, State, SEOG, Childcare...) | \$ | |
| Loans, Scholarships | \$ | |
| Savings | \$ | |
| Child Support (received) | \$ | |
| Other (Specify) | \$ | |
| A. TOTAL | \$ | |
| B. Basic Living Expenses | Per Month | Explanation/Itemization |
| Housing (rent, mortgage...) | \$ | |
| Utilities (heat, phone, electricity, water, garbage...) | \$ | |
| Food | \$ | |
| Transportation (gas, oil, repairs, bus...) | \$ | |
| Child Care | \$ | |
| Medical (Doctor, Dentist, prescriptions...) | \$ | |
| Time Payments (car, credit cards, student loans...) | \$ | |
| Insurance (car, health, house, renters...) | \$ | |
| Child Support Payments | \$ | |
| Education (Required tools, tuition, books...) | \$ | |
| Other Miscellaneous (specify) | \$ | |
| B. TOTAL | \$ | |
| FINANCIAL NEED (Subtract TOTAL B from A) | \$ | To issue EFA: TOTAL B <u>must be larger</u> than TOTAL A |

PARTICIPANT SIGNATURE

Date

United Way Signature

Date

Receipts or bills **REQUIRED** for all **Basic Living Expenses** Exception: Food and Transportation (may use UW estimate - See EFA)