



Income Assessment Form

Income	Please write in Block Letters with blue or black pen. Please do not write in pencil. Please complete all questions. If not applicable write N/A.
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Deceased Veteran's Income Prior to Death [Please provide details of the total gross income (before tax) for the deceased veteran and surviving spouse, if any, for the 52 weeks prior to the veteran's death i.e. employment income, private superannuation, disbursements from a Trust, interest from savings and investments, share dividends income from rent, drawings from a business etc.]

Did the veteran receive any income other than NZ Super, Veterans Pension or a War Disablement Pension in the last 52 weeks? Yes No

If **yes** complete the following section. If **no** complete the question relating to compensation.

Source of Income	Dollar Value over last 52 weeks.

Compensation	Has any compensation been paid to the veteran's Estate or is any compensation due to be paid to the veteran's Estate? If yes, please provide details. [Insurance payment or death benefit from lodge or club]
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Source of Compensation	Dollar Value

Full Name	
Signature	Date

**Please attach this to the Funeral Grant Application form and send to:
Veterans' Affairs New Zealand, PO Box 9448, Hamilton 3240**