

## VA BENEFITS – VETERAN’S CHECKLIST

---

### MILITARY INFORMATION

- \_\_\_\_\_ Military Discharge or Separation Papers (DD214) for All Active Duty, Reserve Service, and National Guard Service (if Available)
- \_\_\_\_\_ Proof of Name Change, if Name is Different from that in Military Records

### PERSONAL INFORMATION

- \_\_\_\_\_ Copies of All Divorce Papers or Death Certificates from Previous Marriages (for Both Veteran and Spouse, if Veteran is *Currently Married*)
- \_\_\_\_\_ Copies of Marriage Licenses from All Marriages of Veteran and His/Her Current Spouse
  - \_\_\_\_\_ Names, Dates, and Places of All Previous Marriages of Veteran and His/Her Current Spouse
- \_\_\_\_\_ Veteran’s Last Date of Employment and Job Description (if Employed Within Five Years and if Available)

### FINANCIAL INFORMATION FOR VETERAN AND HIS/HER DEPENDENTS

- \_\_\_\_\_ Proof of **ALL** Household Assets
  - \_\_\_\_\_ Latest Bank and Financial Statements (All pages of Statements even if they are blank!)
  - \_\_\_\_\_ Latest IRA and 401K Statements (if Applicable)
  - \_\_\_\_\_ Trust Fund and/or Annuity Statements
  - \_\_\_\_\_ Latest CD Statements
  - \_\_\_\_\_ Statements from Life Insurance Company
  - \_\_\_\_\_ Latest Mutual Fund Statements
  - \_\_\_\_\_ Current Value of All Stocks and Bonds
  - \_\_\_\_\_ Value of Any Business Interest
  - \_\_\_\_\_ Value of Any Real Estate
    - \_\_\_\_\_ include copies of deeds to any real estate
  - \_\_\_\_\_ Value of ALL Other Investments
  - \_\_\_\_\_ Voided Deposit Slip for Checking Account
- \_\_\_\_\_ Proof of **ALL** Household GROSS Income
  - \_\_\_\_\_ Current Monthly Pension Statements Showing **GROSS** Amount before Taxes/Insurance or Other Deductions
  - \_\_\_\_\_ Proof of Current Monthly Social Security Payments – Award Letter
  - \_\_\_\_\_ Current Year’s Annuity Statements, Showing **GROSS** Amount before Any Deductions
  - \_\_\_\_\_ Statement Showing Expected Current Year’s IRA Distribution
  - \_\_\_\_\_ Expected TOTAL Interest/Dividends for Next Twelve Months
  - \_\_\_\_\_ Statement Showing NET Income from Rental Property, including Primary Place of Residence
  - \_\_\_\_\_ SSI and SSDI Payments

### MEDICAL INFORMATION FOR VETERAN AND HIS/HER DEPENDENTS

- \_\_\_\_\_ Signed Care Provider Report
- \_\_\_\_\_ Print Out from Pharmacy Showing Last Six Month’s Out-of-Pocket Medical Costs Related to Prescriptions for Veteran and His/Her Dependents
- \_\_\_\_\_ Proof of Medical Insurance Premiums with Name of Company and Frequency of Payments
- \_\_\_\_\_ Statement Showing Medicare Part D Premium Amount (if Applicable)
- \_\_\_\_\_ Picture ID and Health insurance cards
- \_\_\_\_\_ Signed Physician’s Statement