

## Additional Information

**2A. Mailing address city:**

ThisIsAReallyLongCityName

**3A. Other first name Line 1:**

Joseph

**3A. Other last name Line 1:**

Doe

**3A. Other first name Line 2:**

Jarrold

**3A. Other last name Line 2:**

Doe

**4F. Specify VA facility Line 1:**

Dallas Fort Worth VA Medical Center

**4G. Specify federal facility Line 1:**

# Memphis Health Care

**4G. Specify federal facility Line 2:**

## Nashville Health Care

**5B. How many hours per week do you average Line 1:**

20

**5B. What kind of work are you currently doing Line 1:**

## Customer service

**5B. How many hours per week do you average Line 2:**

20

**5B. What kind of work are you currently doing Line 2:**

## Customer service

### 7.1[Veteran]. Place of marriage Line 1:

## Dallas

**7.1[Veteran]. Place of marriage termination Line 1:**

San Antonio, TX

**7.1[Veteran]. Who were you married to? Line 1:**

Jessica Middle Doe

### 7.1[Veteran]. Place of marriage Line 2:

Dallas

**7.1[Veteran]. Place of marriage termination Line 2:**

San Antonio, TX

**7.1[Veteran]. Who were you married to? Line 2:**

Jenniebenniefofenny Middle Danedanedanedanedanedane

**7.1[Veteran]. Place of marriage Line 3:**

North Adams, MA

**7.1[Veteran]. Place of marriage termination Line 3:**

San Antonio, TX

**7.1[Veteran]. Who were you married to? Line 3:**

Jill Middle Doe

**7.2[Spouse]. How did the previous marriage end? Line 1:**

Other reason thats too long to write an explanation for in this form field

**7.2[Spouse]. Place of marriage Line 1:**

Seattle, WA

**7.2[Spouse]. Place of marriage termination Line 1:**

Tacoma, WA

**7.2[Veteran]. Who was your spouse you married to? Line 1:**

Joe F Generic Jr.

**7.2[Spouse]. How did the previous marriage end? Line 2:**

Other reason

**7.2[Spouse]. Place of marriage Line 2:**

Seattle, WA

**7.2[Spouse]. Place of marriage termination Line 2:**

Tacoma, WA

**7.2[Veteran]. Who was your spouse you married to? Line 2:**

John F Person Jr.

**8.1. Child's first name Line 3:**

Bennedictimaximus

**9(1). Payment recipient Line 1:**

Veteran

**9(2). Income type Line 1:**

Social security

**9(3). Payer name Line 1:**

John Doe

**9(4). Current gross monthly income Line 1:**

\$278.05

**9(1). Payment recipient Line 2:**

Veteran

**9(2). Income type Line 2:**

Interest dividend

**9(3). Payer name Line 2:**

John Doe

**9(4). Current gross monthly income Line 2:**

\$78.50

**9(1). Payment recipient Line 3:**

Spouse

**9(2). Income type Line 3:**

Other

**9(2). Other income type explanation Line 3:**

part-time Uber

**9(3). Payer name Line 3:**

John Doe

**9(4). Current gross monthly income Line 3:**

\$278.99

**9(1). Payment recipient Line 4:**

Spouse

**9(2). Income type Line 4:**

Other

**9(2). Other income type explanation Line 4:**

full time job

**9(3). Payer name Line 4:**

John Doe

**9(4). Current gross monthly income Line 4:**

\$3,278.75

**9(1). Payment recipient Line 5:**

Veteran

**9(2). Income type Line 5:**

Pension

**9(3). Payer name Line 5:**

John Doe

**9(4). Current gross monthly income Line 5:**

\$55.27

**10.2[Medical](1). Medical expense recipient Line 1:**

Veteran

**10.2[Medical](2). Medical expense provider name Line 1:**

Funeral Home

**10.2[Medical](3). Medical expense purpose Line 1:**

Burial expenses

**10.2[Medical](4). Medical expense payment date Line 1:**

2020-03-15

**10.2[Medical](5). Medical expense payment frequency Line 1:**

ONE\_TIME

**10.2[Medical](6). Medical expense payment amount Line 1:**

\$10,000.00

**10.2[Medical](1). Medical expense child name Line 2:**

Joe Doe

**10.2[Medical](1). Medical expense recipient Line 2:**  
Child

**10.2[Medical](2). Medical expense provider name Line 2:**  
Health Provider

**10.2[Medical](3). Medical expense purpose Line 2:**  
Medical expenses

**10.2[Medical](4). Medical expense payment date Line 2:**  
2023-07-01

**10.2[Medical](5). Medical expense payment frequency Line 2:**  
ONE\_TIME

**10.2[Medical](6). Medical expense payment amount Line 2:**  
\$10,000.00

**10.2[Medical](1). Medical expense recipient Line 3:**  
Spouse

**10.2[Medical](2). Medical expense provider name Line 3:**  
Health Provider

**10.2[Medical](3). Medical expense purpose Line 3:**  
Medical expenses

**10.2[Medical](4). Medical expense payment date Line 3:**  
2023-07-01

**10.2[Medical](5). Medical expense payment frequency Line 3:**  
ONCE\_MONTH

**10.2[Medical](6). Medical expense payment amount Line 3:**  
\$500.00

**10.2[Medical](1). Medical expense child name Line 4:**  
Joe Doe

**10.2[Medical](1). Medical expense recipient Line 4:**  
Child

**10.2[Medical](2). Medical expense provider name Line 4:**  
Health Provider

**10.2[Medical](3). Medical expense purpose Line 4:**  
Medical expenses

**10.2[Medical](4). Medical expense payment date Line 4:**  
2023-07-01

**10.2[Medical](5). Medical expense payment frequency Line 4:**  
ONCE\_YEAR

**10.2[Medical](6). Medical expense payment amount Line 4:**  
\$5,000.00

**10.2[Medical](1). Medical expense recipient Line 5:**  
Spouse

**10.2[Medical](2). Medical expense provider name Line 5:**  
Health Provider

**10.2[Medical](3). Medical expense purpose Line 5:**  
Medical expenses

**10.2[Medical](4). Medical expense payment date Line 5:**  
2023-07-01

**10.2[Medical](5). Medical expense payment frequency Line 5:**  
ONCE\_MONTH

**10.2[Medical](6). Medical expense payment amount Line 5:**  
\$200.00

**10.2[Medical](1). Medical expense child name Line 6:**  
Joe Doe

**10.2[Medical](1). Medical expense recipient Line 6:**  
Child

**10.2[Medical](2). Medical expense provider name Line 6:**  
Health Provider

**10.2[Medical](3). Medical expense purpose Line 6:**  
Medical fee

**10.2[Medical](4). Medical expense payment date Line 6:**  
2023-07-01

**10.2[Medical](5). Medical expense payment frequency Line 6:**  
ONE\_TIME

**10.2[Medical](6). Medical expense payment amount Line 6:**  
\$100.00

**10.2[Medical](1). Medical expense child name Line 7:**  
Jack Doe

**10.2[Medical](1). Medical expense recipient Line 7:**  
Child

**10.2[Medical](2). Medical expense provider name Line 7:**  
Health Provider

**10.2[Medical](3). Medical expense purpose Line 7:**  
Medical fee

**10.2[Medical](4). Medical expense payment date Line 7:**  
2023-07-01

**10.2[Medical](5). Medical expense payment frequency Line 7:**  
ONE\_TIME

**10.2[Medical](6). Medical expense payment amount Line 7:**  
\$150.00