

Additional Information

2A. Mailing address city:

ThisIsAReallyLongCityName

3A. Other first name Line 1:

John

3A. Other last name Line 1:

Doe

3A. Other first name Line 2:

Johnny

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

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

7[Spouse]. Place of marriage Line 1:

Seattle, WA

7[Spouse]. Place of marriage termination Line 1:

Tacoma, WA

7[Veteran]. Place of marriage Line 1:

Dallas

7[Veteran]. Place of marriage termination Line 1:

San Antonio, TX

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

Other reason

7[Spouse]. Place of marriage Line 2:

Seattle, WA

7[Spouse]. Place of marriage termination Line 2:
Tacoma, WA

7[Veteran]. Place of marriage Line 2:
Dallas

7[Veteran]. Place of marriage termination Line 2:
San Antonio, TX

7[Veteran]. Place of marriage Line 3:
North Adams, MA

7[Veteran]. Place of marriage termination Line 3:
San Antonio, TX

8. Child's first name Line 3:
Bennedictimaximus

9(1). Medical expense 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). Medical expense recipient Line 2:
Child

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). Medical expense 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). Medical expense recipient Line 4:
Child

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). Medical expense recipient Line 5:

Spouse

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

9(1). Medical expense recipient Line 6:

Child

9(1). Medical expense recipient Line 7:

Child

10(2). Medical expense provider name Line 1:

Funeral Home

10(3). Medical expense purpose Line 1:

Burial expenses

10(4). Medical expense payment date Line 1:

2020-03-15

10(5). Medical expense payment frequency Line 1:

ONE_TIME

10(6). Medical expense payment amount Line 1:

\$10,000.00

10(1). Medical expense child name Line 2:

Joe Doe

10(2). Medical expense provider name Line 2:

Health Provider

10(3). Medical expense purpose Line 2:

Medical expenses

10(4). Medical expense payment date Line 2:

2023-07-01

10(5). Medical expense payment frequency Line 2:

ONE_TIME

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

10(2). Medical expense provider name Line 3:
Health Provider

10(3). Medical expense purpose Line 3:
Medical expenses

10(4). Medical expense payment date Line 3:
2023-07-01

10(5). Medical expense payment frequency Line 3:
ONCE_MONTH

10(6). Medical expense payment amount Line 3:
\$500.00

10(1). Medical expense child name Line 4:
Joe Doe

10(2). Medical expense provider name Line 4:
Health Provider

10(3). Medical expense purpose Line 4:
Medical expenses

10(4). Medical expense payment date Line 4:
2023-07-01

10(5). Medical expense payment frequency Line 4:
ONCE_YEAR

10(6). Medical expense payment amount Line 4:
\$5,000.00

10(2). Medical expense provider name Line 5:
Health Provider

10(3). Medical expense purpose Line 5:
Medical expenses

10(4). Medical expense payment date Line 5:
2023-07-01

10(5). Medical expense payment frequency Line 5:
ONCE_MONTH

10(6). Medical expense payment amount Line 5:
\$200.00

10(1). Medical expense child name Line 6:
Joe Doe

10(2). Medical expense provider name Line 6:
Health Provider

10(3). Medical expense purpose Line 6:
Medical fee

10(4). Medical expense payment date Line 6:
2023-07-01

10(5). Medical expense payment frequency Line 6:
ONE_TIME

10(6). Medical expense payment amount Line 6:
\$100.00

10(1). Medical expense child name Line 7:
Jack Doe

10(2). Medical expense provider name Line 7:
Health Provider

10(3). Medical expense purpose Line 7:
Medical fee

10(4). Medical expense payment date Line 7:
2023-07-01

10(5). Medical expense payment frequency Line 7:
ONE_TIME

10(6). Medical expense payment amount Line 7:
\$150.00