

## Additional Information

### 1. Veteran's name:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX middle XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Sr.

### 7A. City, state, zip, country:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX, MD, 21231, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

### 7A. Street address:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

### 8A. Preferred e-mail address:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXXXXXXXXXX.com

### 8B. Alternate e-mail address:

altXXXXXXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXXXXXXXXXX.com

### 9A. Disability(ies) Line 1:

XX

### 9B. Date disability(ies) began Line 1:

12/01/2016

### 9A. Disability(ies) Line 2:

XX

### 9B. Date disability(ies) began Line 2:

12/01/2016

### 10A. List any va medical centers where you received treatment for your claimed disability(ies) Line 1:

location1

### 10A. List any va medical centers where you received treatment for your claimed disability(ies) Line 2:

location2

### 10A. List any va medical centers where you received treatment for your claimed disability(ies) Line 3:

location3

### 11B. Please list the other name(s) you served under:

name1 last1, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX,  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX,  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX,  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, name2 last2

### 12A. I entered active service on Line 1:

06/26/2012

### 12B. Branch of service Line 1:

army

### 12C. Release date or anticipated date of release from active service Line 1:

04/10/2013

### 12A. I entered active service on Line 2:

06/26/2012

**12B. Branch of service Line 2:**

army2

**12C. Release date or anticipated date of release from active service Line 2:**

04/10/2013

**12E. Place of last or anticipated separation:**

XX

**14A. What is the name and address of your reserve/national guard unit?:**

XX

111 Uni Drive

Baltimore, MD, 21231

USA

**16B. List amount (if known):**

\$999999999999999999

**17A. What was the name and address of your employer? Line 1:**

1

str1

1, MD, 21231

USA

**17B. What was your job title? Line 1:**

worker1

**17C. When did your job begin? Line 1:**

04/01/2012

**17D. When did your job end? Line 1:**

05/01/2013

**17E. How many days were lost due to disability? Line 1:**

1

**17F. What were your total annual earnings? Line 1:**

\$10

**17A. What was the name and address of your employer? Line 2:**

2

str2

2, MD, 21231

USA

**17B. What was your job title? Line 2:**

worker2

**17C. When did your job begin? Line 2:**

04/02/2012

**17D. When did your job end? Line 2:**

05/02/2013

**17E. How many days were lost due to disability? Line 2:**

2

**17F. What were your total annual earnings? Line 2:**

\$20

**17A. What was the name and address of your employer? Line 3:**

3

str2

2, MD, 21231

USA

**17B. What was your job title? Line 3:**

worker2

**17C. When did your job begin? Line 3:**

04/02/2012

**17D. When did your job end? Line 3:**

05/02/2013

**17E. How many days were lost due to disability? Line 3:**

2

**17F. What were your total annual earnings? Line 3:**

\$20

**19A. Date of marriage Line 1:**

03/01/1985

**19A. Place of marriage Line 1:**

marriagelocation1

**19B. To whom married Line 1:**

Mark1 Olson

**19C. Type of marriage Line 1:**

type1

**19D. How marriage terminated Line 1:**

divorce1

**19E. Date marriage terminated Line 1:**

04/01/1985

**19E. Place marriage terminated Line 1:**

location1

**19A. Date of marriage Line 2:**

03/02/1985

**19A. Place of marriage Line 2:**

marriagelocation2

**19B. To whom married Line 2:**

Mark2 Olson

**19C. Type of marriage Line 2:**

type2

**19D. How marriage terminated Line 2:**

divorce2

**19E. Date marriage terminated Line 2:**  
04/02/1985

**19E. Place marriage terminated Line 2:**  
location2

**19A. Date of marriage Line 3:**  
03/02/1985

**19A. Place of marriage Line 3:**  
marriagelocation2

**19B. To whom married Line 3:**  
Mark2 Olson

**19C. Type of marriage Line 3:**  
type2

**19D. How marriage terminated Line 3:**  
divorce2

**19E. Date marriage terminated Line 3:**  
04/02/1985

**19E. Place marriage terminated Line 3:**  
location2

**19F. If you indicated "other" as type of marriage in item 19c, please explain:**  
XX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**21A. Date of marriage Line 1:**  
03/01/1985

**21A. Place of marriage Line 1:**  
marriagelocation1

**21B. To whom married Line 1:**  
spouse1 Olson

**21C. Type of marriage Line 1:**  
type1

**21D. How marriage terminated Line 1:**  
divorce1

**21E. Date marriage terminated Line 1:**  
04/01/1985

**21E. Place marriage terminated Line 1:**  
location1

**21A. Date of marriage Line 2:**  
03/02/1985

**21A. Place of marriage Line 2:**  
marriagelocation2

**21B. To whom married Line 2:**

spouse2 Olson

**21C. Type of marriage Line 2:**  
type2

**21D. How marriage terminated Line 2:**  
divorce2

**21E. Date marriage terminated Line 2:**  
04/02/1985

**21E. Place marriage terminated Line 2:**  
location2

**21A. Date of marriage Line 3:**  
03/01/1985

**21A. Place of marriage Line 3:**  
marriage1 location1

**21B. To whom married Line 3:**  
spouse1 Olson

**21C. Type of marriage Line 3:**  
type1

**21D. How marriage terminated Line 3:**  
divorce1

**21E. Date marriage terminated Line 3:**  
04/01/1985

**21E. Place marriage terminated Line 3:**  
location1

**21F. If you indicated "other" as type of marriage in item 21c, please explain:**  
spouse

XX  
XXXXXXXXXXXXXXXXXXXX, spouse other

**22F. What is your spouse's address?:**  
str1

XXXXXXXXXXXXXXXXXXXXXXXXXXXX, MD, 21231  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**22G. Tell us the reason why you are not living with your spouse:**  
XX

**22H. How much do you contribute monthly to your spouse's support?:**  
\$999999999999999999

**23A. Name of dependent child Line 1:**  
outside1 Olson

**23A. Name of dependent child Line 2:**  
outside2 Olson

**23A. Name of dependent child Line 3:**

outside3 Olson

**23A. Name of dependent child Line 4:**  
outside4 Olson

**23A. Name of dependent child Line 5:**  
parent Olson

**23A. Name of dependent child Line 6:**  
Mark1 Olson

**23B. Date of birth Line 6:**  
06/01/2012

**23B. Place of birth Line 6:**  
place1

**23C. Social security number Line 6:**  
111223331

**23F. Stepchild Line 6:**  
true

**23G. 18-23 years old (in school) Line 6:**  
true

**23H. Seriously disabled Line 6:**  
true

**23I. Child married Line 6:**  
true

**23J. Child previously married Line 6:**  
true

**23A. Name of dependent child Line 7:**  
Mark1 Olson

**23B. Date of birth Line 7:**  
06/01/2012

**23B. Place of birth Line 7:**  
place1

**23C. Social security number Line 7:**  
111223331

**23D. Biological Line 7:**  
true

**23G. 18-23 years old (in school) Line 7:**  
true

**23H. Seriously disabled Line 7:**  
true

**23I. Child married Line 7:**  
true

**23J. Child previously married Line 7:**  
true

**23A. Name of dependent child Line 8:**  
Mark2 Olson

**23B. Date of birth Line 8:**  
06/02/2012

**23B. Place of birth Line 8:**  
place2

**23C. Social security number Line 8:**  
111223332

**23E. Adopted Line 8:**  
true

**23G. 18-23 years old (in school) Line 8:**  
true

**23H. Seriously disabled Line 8:**  
true

**23I. Child married Line 8:**  
true

**23J. Child previously married Line 8:**  
true

**23A. Name of dependent child Line 9:**  
Mark3 Olson

**23B. Date of birth Line 9:**  
06/03/2012

**23B. Place of birth Line 9:**  
place3

**23C. Social security number Line 9:**  
111223333

**23E. Adopted Line 9:**  
true

**23G. 18-23 years old (in school) Line 9:**  
true

**23H. Seriously disabled Line 9:**  
true

**23I. Child married Line 9:**  
true

**23J. Child previously married Line 9:**  
true

**24A. Name of dependent child Line 1:**  
outside1 Olson

**24B. Child's complete address Line 1:**

str1  
city1, MD, 21231  
USA

**24C. Name of person the child lives with Line 1:**

person1 Olson

**24D. Monthly amount you contribute to the child's support Line 1:**

\$1

**24A. Name of dependent child Line 2:**

outside2 Olson

**24B. Child's complete address Line 2:**

str2  
city1, MD, 21231  
USA

**24C. Name of person the child lives with Line 2:**

person2 Olson

**24D. Monthly amount you contribute to the child's support Line 2:**

\$2

**24A. Name of dependent child Line 3:**

outside3 Olson

**24B. Child's complete address Line 3:**

str3  
city1, MD, 21231  
USA

**24C. Name of person the child lives with Line 3:**

person3 Olson

**24D. Monthly amount you contribute to the child's support Line 3:**

\$3

**24A. Name of dependent child Line 4:**

outside4 Olson

**24B. Child's complete address Line 4:**

str4  
city1, MD, 21231  
USA

**24C. Name of person the child lives with Line 4:**

person4 Olson

**24D. Monthly amount you contribute to the child's support Line 4:**

\$4

**24A. Name of dependent child Line 5:**

parent Olson

**25. Recipient Line 1:**

Myself



**25. Source and amount Line 1:**

Cash/non-interest bearing bank accounts: \$1

**25. Recipient Line 2:**

Myself

**25. Source and amount Line 2:**

Interest-bearing bank accounts: \$2

**25. Recipient Line 3:**

Myself

**25. Source and amount Line 3:**

Ira's, keogh plans, etc.: \$3

**25. Recipient Line 4:**

Myself

**25. Source and amount Line 4:**

Stocks, bonds, mutual funds, etc.: \$4

**25. Recipient Line 5:**

Myself

**25. Source and amount Line 5:**

Real property: \$0

**25. Recipient Line 8:**

outside1 Olson

**25. Source and amount Line 8:**

Name1: \$8

**25. Recipient Line 9:**

Spouse

**25. Source and amount Line 9:**

Cash/non-interest bearing bank accounts: \$9

**25. Recipient Line 10:**

outside1 Olson

**25. Source and amount Line 10:**

Cash/non-interest bearing bank accounts: \$0

**25. Recipient Line 11:**

Spouse

**25. Source and amount Line 11:**

Interest-bearing bank accounts: \$0

**25. Recipient Line 12:**

outside1 Olson

**25. Source and amount Line 12:**

Interest-bearing bank accounts: \$0

**25. Recipient Line 13:**

Spouse

**25. Source and amount Line 13:**

Ira's, keogh plans, etc.: \$0

**25. Recipient Line 14:**

outside1 Olson

**25. Source and amount Line 14:**

Ira's, keogh plans, etc.: \$0

**25. Recipient Line 15:**

Spouse

**25. Source and amount Line 15:**

Stocks, bonds, mutual funds, etc.: \$4

**25. Recipient Line 16:**

outside1 Olson

**25. Source and amount Line 16:**

Stocks, bonds, mutual funds, etc.: \$0

**25. Recipient Line 17:**

Spouse

**25. Source and amount Line 17:**

Real property: \$5

**25. Recipient Line 18:**

outside1 Olson

**25. Source and amount Line 18:**

Real property: \$0

**26. Recipient Line 1:**

Myself

**26. Source and amount Line 1:**

Social security: \$1

**26. Recipient Line 2:**

Spouse

**26. Source and amount Line 2:**

Social security: \$2

**26. Recipient Line 3:**

Myself

**26. Source and amount Line 3:**

U.s. civil service: \$3

**26. Recipient Line 4:**

Myself

**26. Source and amount Line 4:**

U.s. railroad retirement: \$0

**26. Recipient Line 5:**

Myself

**26. Source and amount Line 5:**

Black lung benefits: \$5

**26. Recipient Line 6:**

Myself

**26. Source and amount Line 6:**

Service retirement: \$0

**26. Recipient Line 7:**

Myself

**26. Source and amount Line 7:**

Supplemental security income (ssi)/public assistance: \$7

**26. Recipient Line 8:**

Spouse

**26. Source and amount Line 8:**

Name1: \$8

**26. Recipient Line 9:**

outside1 Olson

**26. Source and amount Line 9:**

Name2: \$9

**26. Recipient Line 10:**

outside1 Olson

**26. Source and amount Line 10:**

Name3: \$10

**26. Recipient Line 11:**

outside1 Olson

**26. Source and amount Line 11:**

Social security: \$0

**26. Recipient Line 12:**

Spouse

**26. Source and amount Line 12:**

U.s. civil service: \$11

**26. Recipient Line 13:**

outside1 Olson

**26. Source and amount Line 13:**

U.s. civil service: \$0

**26. Recipient Line 14:**

Spouse

**26. Source and amount Line 14:**

U.s. railroad retirement: \$4

**26. Recipient Line 15:**

outside1 Olson

**26. Source and amount Line 15:**

U.s. railroad retirement: \$0

**26. Recipient Line 16:**

Spouse

**26. Source and amount Line 16:**

Black lung benefits: \$0

**26. Recipient Line 17:**

outside1 Olson

**26. Source and amount Line 17:**

Black lung benefits: \$0

**26. Recipient Line 18:**

Spouse

**26. Source and amount Line 18:**

Service retirement: \$6

**26. Recipient Line 19:**

outside1 Olson

**26. Source and amount Line 19:**

Service retirement: \$0

**26. Recipient Line 20:**

Spouse

**26. Source and amount Line 20:**

Supplemental security income (ssi)/public assistance: \$0

**26. Recipient Line 21:**

outside1 Olson

**26. Source and amount Line 21:**

Supplemental security income (ssi)/public assistance: \$0

**27. Recipient Line 1:**

Myself

**27. Source and amount Line 1:**

Gross wages and salary: \$1

**27. Recipient Line 2:**

Spouse

**27. Source and amount Line 2:**

Gross wages and salary: \$2

**27. Recipient Line 3:**

Myself

**27. Source and amount Line 3:**

Total dividends and interest: \$3

**27. Recipient Line 4:**

Myself

**27. Source and amount Line 4:**

Name1: \$4

**27. Recipient Line 5:**

Spouse

**27. Source and amount Line 5:**

Name2: \$5

**27. Recipient Line 6:**

parent Olson

**27. Source and amount Line 6:**

Name3: \$6

**27. Recipient Line 7:**

parent Olson

**27. Source and amount Line 7:**

Gross wages and salary: \$1

**27. Recipient Line 8:**

Spouse

**27. Source and amount Line 8:**

Total dividends and interest: \$0

**27. Recipient Line 9:**

parent Olson

**27. Source and amount Line 9:**

Total dividends and interest: \$3

**28. Amount paid by you Line 1:**

\$1

**28. Date paid Line 1:**

04/01/2012

**28. Paid to Line 1:**

paidTo1

**28. Purpose Line 1:**

purpose1

**28. Relationship of person for whom expenses paid Line 1:**

Myself

**28. Amount paid by you Line 2:**

\$2

**28. Date paid Line 2:**

04/02/2012

**28. Paid to Line 2:**

paidTo2

**28. Purpose Line 2:**

purpose2

**28. Relationship of person for whom expenses paid Line 2:**

Myself

**28. Amount paid by you Line 3:**

\$3

**28. Date paid Line 3:**

04/03/2012

**28. Paid to Line 3:**

paidTo3

**28. Purpose Line 3:**

purpose3

**28. Relationship of person for whom expenses paid Line 3:**

Myself

**28. Amount paid by you Line 4:**

\$4

**28. Date paid Line 4:**

04/04/2012

**28. Paid to Line 4:**

paidTo4

**28. Purpose Line 4:**

purpose4

**28. Relationship of person for whom expenses paid Line 4:**

Myself

**28. Amount paid by you Line 5:**

\$5

**28. Date paid Line 5:**

04/04/2012

**28. Paid to Line 5:**

paidTo4

**28. Purpose Line 5:**

purpose4

**28. Relationship of person for whom expenses paid Line 5:**

Myself

**29. Checking account number:**

8885656568888888

**30. Name of financial institution:**

XX

**33A. Veteran's signature:**

XX