

## 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]. (1) who were you married to? Line 1:**

Jessica Middle Doe

**7.1[Veteran]. (2) how did your previous marriage end (other reason)? Line 1:**

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

**7.1[Veteran]. (2) how did your previous marriage end? Line 1:**

Other

**7.1[Veteran]. (3) what are the dates of the previous marriage? Line 1:**

03-02-1989 - 03-02-1990

**7.1[Veteran]. (4) place of marriage Line 1:**

Dallas

**7.1[Veteran]. (5) place of marriage termination Line 1:**

San Antonio, TX

**7.1[Veteran]. (1) who were you married to? Line 2:**

Jane Middle Doe

**7.1[Veteran]. (2) how did your previous marriage end? Line 2:**

Death

**7.1[Veteran]. (3) what are the dates of the previous marriage? Line 2:**

03-02-1989 - 03-02-1990

**7.1[Veteran]. (4) place of marriage Line 2:**

Dallas

**7.1[Veteran]. (5) place of marriage termination Line 2:**

San Antonio, TX

**7.1[Veteran]. (1) who were you married to? Line 3:**

Jenniebenniefofenny Middle Danedanedanedanedanedanedane

**7.1[Veteran]. (2) how did your previous marriage end? Line 3:**

Divorce

**7.1[Veteran]. (3) what are the dates of the previous marriage? Line 3:**

03-02-1983 - 03-02-1984

**7.1[Veteran]. (4) place of marriage Line 3:**

Dallas

**7.1[Veteran]. (5) place of marriage termination Line 3:**

San Antonio, TX

**7.1[Veteran]. (1) who were you married to? Line 4:**

Jill Middle Doe

**7.1[Veteran]. (2) how did your previous marriage end? Line 4:**

Divorce

**7.1[Veteran]. (3) what are the dates of the previous marriage? Line 4:**

10-02-1999 - 03-02-2001

**7.1[Veteran]. (4) place of marriage Line 4:**

Nashville, TN

**7.1[Veteran]. (5) place of marriage termination Line 4:**

San Antonio, TX

**7.2[Spouse]. (1) who was your spouse you married to? Line 1:**

Joe F Generic Jr.

**7.2[Spouse]. (2) how did the previous marriage end (other reason)? Line 1:**

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

**7.2[Spouse]. (2) how did the previous marriage end? Line 1:**

Other

**7.2[Spouse]. (3) what are the dates of the previous marriage? Line 1:**

03-02-1980 - 03-02-1990

**7.2[Spouse]. (4) place of marriage Line 1:**

Seattle, WA

**7.2[Spouse]. (5) place of marriage termination Line 1:**

Tacoma, WA

**7.2[Spouse]. (1) who was your spouse you married to? Line 2:**

John F Person Jr.

**7.2[Spouse]. (2) how did the previous marriage end (other reason)? Line 2:**

Other reason

**7.2[Spouse]. (2) how did the previous marriage end? Line 2:**

Other

**7.2[Spouse]. (3) what are the dates of the previous marriage? Line 2:**

03-02-1995 - 03-02-2005

**7.2[Spouse]. (4) place of marriage Line 2:**

Seattle, WA

**7.2[Spouse]. (5) place of marriage termination Line 2:**

Tacoma, WA

**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 retirement

**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:**

03-15-2020

**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:**

Dependent

**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:**

07-01-2023

**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:**  
07-01-2023

**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:**  
Dependent

**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:**  
07-01-2023

**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:**  
07-01-2023

**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:**

Dependent

**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:**

07-01-2023

**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:**

Dependent

**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:**

07-01-2023

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

ONE\_TIME

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

\$150.00