

Section II: Veteran's Contact Information

2. Veteran's Contact Information

Mailing Address Apt/Unit: A-3

Mailing Address City: ThisIsAReallyLongCityName

Mailing Address Number And 123 8th st

Street:

International Phone Number: 001-555-123-4567-8910

Veteran's E-Mail Address: test@example.com

Section III: Veteran's Service Information

3. Veteran's Service Information*Other service name 1*

Other First Name: Joseph

Other Last Name: Doe

Other service name 2

Other First Name: Jarrod

Other Last Name: Doe

Section IV: Pension Information

4. VA Medical Centers*VA medical center 1*

Dallas Fort Worth VA Medical Center

4. Federal Medical Facilities*Federal medical facility 1*

Memphis Health Care

Federal medical facility 2

Nashville Health Care

Section V: Employment History**5. Employment History***Current job 1*

How Many Hours Per Week 20

Do You Average:

What Kind Of Work Are You Customer service

Currently Doing:

Current job 2

How Many Hours Per Week 20

Do You Average:

What Kind Of Work Are You Customer service

Currently Doing:

Section VIII: Dependent Children**8. Dependent Children***Child 1*

Child's Name: Emily Anne Doe

Child's Date Of Birth: 03-03-2000

Child's Place Of Birth: Tallahassee, FL

Child's Social Security Number:

333224444 Child's Status: Biological, previously married, does not live with you but contributes

Annual Contribution To Child:\$3,444.00

Child 2

Child's Name: Bobby Nolan Doe

Child's Date Of Birth: 09-22-2005

Child's Place Of Birth: Troy, MT

Child's Social Security Number:

333224444 Child's Status: Adopted, 18-23 years old (in school)

Child 3

Child's Name: Jack Sawyer Doe
Child's Date Of Birth: 04-01-2010
Child's Place Of Birth: Troy, MT
Child's Social Security Number:
333224444
Child's Status: Biological, seriously disabled
Annual Contribution To Child:\$2,300.00

Child 4

Child's Name: Sam Jason Doe
Child's Date Of Birth: 06-29-2020
Child's Place Of Birth: Portland, ME
Child's Social Security Number:
122222222
Child's Status: Adopted
Annual Contribution To Child:\$3,300.00

Section IX: Income and Assets**9. Income and Assets***Income source 1*

Payment Recipient: Veteran
Income Type: Social security
Payer Name: John Doe
Current Gross Monthly \$278.05
Income:

Income source 2

Payment Recipient: Veteran
Income Type: Interest dividend
Payer Name: John Doe
Current Gross Monthly \$78.50
Income:

ATTACHMENT to VA Form 21P-527EZ

VA.gov Submission

Income source 3

Payment Recipient: Spouse
Income Type: Other
Other Income Type part-time Uber
Explanation:
Payer Name: John Doe
Current Gross Monthly \$278.99
Income:

Income source 4

Payment Recipient: Spouse
Income Type: Other
Other Income Type full time job
Explanation:
Payer Name: John Doe
Current Gross Monthly \$3,278.75
Income:

Income source 5

Payment Recipient: Veteran
Income Type: Pension retirement
Payer Name: John Doe
Current Gross Monthly \$55.27
Income:

10. Medical Expenses*Medical expense 1*

Medical Expense Payment \$10,000.00
Amount:
Medical Expense Payment 03-15-2020
Date:
Medical Expense Payment ONE_TIME
Frequency:
Medical Expense Provider Funeral Home
Name:
Medical Expense Purpose: Burial expenses
Medical Expense Recipient: Veteran

Medical expense 2

Medical Expense Child Name: Joe Doe

Medical Expense Payment \$10,000.00

Amount:

Medical Expense Payment 07-01-2023

Date:

Medical Expense Payment ONE_TIME

Frequency:

Medical Expense Provider Health Provider

Name:

Medical Expense Purpose: Medical expenses

Medical Expense Recipient: Dependent

Medical expense 3

Medical Expense Payment \$500.00

Amount:

Medical Expense Payment 07-01-2023

Date:

Medical Expense Payment ONCE_MONTH

Frequency:

Medical Expense Provider Health Provider

Name:

Medical Expense Purpose: Medical expenses

Medical Expense Recipient: Spouse

Medical expense 4

Medical Expense Child Name: Joe Doe

Medical Expense Payment \$5,000.00

Amount:

Medical Expense Payment 07-01-2023

Date:

Medical Expense Payment ONCE_YEAR

Frequency:

Medical Expense Provider Health Provider

Name:

Medical Expense Purpose: Medical expenses

Medical Expense Recipient: Dependent

Medical expense 5

Medical Expense Payment \$200.00
Amount:
Medical Expense Payment 07-01-2023
Date:
Medical Expense Payment ONCE_MONTH
Frequency:
Medical Expense Provider Health Provider
Name:
Medical Expense Purpose: Medical expenses
Medical Expense Recipient: Spouse

Medical expense 6

Medical Expense Child Name: Joe Doe
Medical Expense Payment \$100.00
Amount:
Medical Expense Payment 07-01-2023
Date:
Medical Expense Payment ONE_TIME
Frequency:
Medical Expense Provider Health Provider
Name:
Medical Expense Purpose: Medical fee
Medical Expense Recipient: Dependent

Medical expense 7

Medical Expense Child Name: Jack Doe
Medical Expense Payment \$150.00
Amount:
Medical Expense Payment 07-01-2023
Date:
Medical Expense Payment ONE_TIME
Frequency:
Medical Expense Provider Health Provider
Name:
Medical Expense Purpose: Medical fee
Medical Expense Recipient: Dependent