# **Additional Information**

3(1). Specify income recipient's relationship to veteran Line 1:

CHÍLD

3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other)

Jane Doe

3(3). Specify the type of income Line 1:

WAGES

3(4). Gross monthly income Line 1:

99999.99

**3(5).** Specify income payer (name of business, financial institution, or program, etc.) Line 1: Generic Company, LLC

3(1). Specify income recipient's relationship to veteran Line 2:

OTHER

3(1). Specify income recipient's relationship to veteran Line 2:

Cousin

3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other) Line 2:

Sam Jenkins

3(3). Specify the type of income Line 2:

OTHER

3(3). Specify the type of income Line 2:

Stocks

3(4). Gross monthly income Line 2:

αà

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 2:

Investment Company

3(1). Specify income recipient's relationship to veteran Line 3:

VETERAN

3(3). Specify the type of income Line 3:

SÓCIAL\_SECURITY

**3(4). Gross monthly income Line 3:** 

102.33

3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 3:

Social Security Administration

3(1). Specify income recipient's relationship to veteran Line 4:

**SPOUSE** 

3(3). Specify the type of income Line 4:

RÉTIREMENT PENSION

# 3(4). Gross monthly income Line 4:

1099.99

# 3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 4:

Pension Benefit Management

# 3(1). Specify income recipient's relationship to veteran Line 5:

PARENT

# 3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other) Line 5:

**Edmund Doe** 

# 3(3). Specify the type of income Line 5:

CIVIL\_SERVICE

#### 3(4). Gross monthly income Line 5:

12345.67

# 3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 5:

Personnel Management

### 3(1). Specify income recipient's relationship to veteran Line 6:

CUSTODIAN

# 3(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other) Line 6:

Sam Doe

# 3(3). Specify the type of income Line 6:

UNEMPLOYMENT

#### 3(4). Gross monthly income Line 6:

1000

# 3(5). Specify income payer (name of business, financial institution, or program, etc.) Line 6:

Agency of Unemployment

#### 5(1). Specify income recipient's relationship to veteran Line 1:

CÙŚTODIAN

# 5(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other) Line 1:

Lille I.

Jim Brown

#### 5(3). Identify the type of asset and submit the required form associated Line 1:

FÀŔM

#### 5(4). Gross monthly income Line 1:

5555.55

#### 5(5). Specify value of your portion of the property Line 1:

5555555.55

### 5(1). Specify income recipient's relationship to veteran Line 2:

OTHER

#### 5(1). Specify income recipient's relationship to veteran Line 2:

#### Friend

# 5(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other) Line 2:

**Brandon Jones** 

# 5(3). Identify the type of asset and submit the required form associated Line 2:

BÙŚINESS

#### 5(4). Gross monthly income Line 2:

999.99

# 5(5). Specify value of your portion of the property Line 2:

10000

# 5(1). Specify income recipient's relationship to veteran Line 3:

PÀŘENT

# 5(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other) Line 3:

**Edmund Doe** 

# 5(3). Identify the type of asset and submit the required form associated Line 3:

RENTAL PROPERTY

#### 5(4). Gross monthly income Line 3:

123.45

# 5(5). Specify value of your portion of the property Line 3:

12345.67

#### 5(1). Specify income recipient's relationship to veteran Line 4:

CUSTODIAN

# 5(2). Specify name of income recipient (only needed if custodian of child, child, parent, or other) Line 4:

Jim Brown

### 5(3). Identify the type of asset and submit the required form associated Line 4:

FÀŔM

#### 5(4). Gross monthly income Line 4:

1000

# 5(5). Specify value of your portion of the property Line 4:

12345.67

# 7(1). Specify asset's original owner's relationship to veteran Line 1:

OTHER.

#### 7(1). Specify asset's original owner's relationship to veteran (other) Line 1:

Second cousin twice removed of my mother in law

#### 7(10). What was the sale price? (if applicable) Line 1:

823456700.89

#### 7(11). What was the gain? (capital gain, etc.) Line 1:

723456700.89

# 7(2). Specify how the asset was transferred Line 1:

OTHER

# 7(2). Specify how the asset was transferred (other) Line 1:

Earned income from doing work on my siblings house to clean in

#### 7(3). What asset was transferred? Line 1:

Clothes from my grandmothers attic which have been passed down through the family and are priceless - value estimated

#### 7(4). Who received the asset? Line 1:

JohnsonbergerheimerJohnathan JacobJingleheimerSchmidt Jr.

# 7(5). Relationship to new owner Line 1:

Sibling

# 7(9). What was the fair market value when transferred? Line 1:

100000000

# 7(1). Specify asset's original owner's relationship to veteran Line 2:

OTHER

# 7(1). Specify asset's original owner's relationship to veteran (other) Line 2:

Cousin

# 7(10). What was the sale price? (if applicable) Line 2:

8234567.89

#### 7(11). What was the gain? (capital gain, etc.) Line 2:

7234567.89

#### 7(2). Specify how the asset was transferred Line 2:

OTHER

#### 7(2). Specify how the asset was transferred (other) Line 2:

Earned

### 7(3). What asset was transferred? Line 2:

Clothes

# 7(4). Who received the asset? Line 2:

John Doe Jr.

#### 7(5). Relationship to new owner Line 2:

Sibling

### 7(9). What was the fair market value when transferred? Line 2:

1000000

#### 7(1). Specify asset's original owner's relationship to veteran Line 3:

CHÍLD

### 7(10). What was the sale price? (if applicable) Line 3:

1ÒN

# 7(11). What was the gain? (capital gain, etc.) Line 3:

0

#### 7(2). Specify how the asset was transferred Line 3:

#### **GIFTED**

# 7(3). What asset was transferred? Line 3:

Artwork

# 7(4). Who received the asset? Line 3:

Jacob Doe Sr.

# 7(5). Relationship to new owner Line 3:

Aunt

#### 7(9). What was the fair market value when transferred? Line 3:

123.12

# 7(1). Specify asset's original owner's relationship to veteran Line 4:

PARENT

# 7(10). What was the sale price? (if applicable) Line 4:

2000

# 7(11). What was the gain? (capital gain, etc.) Line 4:

200.99

### 7(2). Specify how the asset was transferred Line 4:

TŘÁDED

### 7(3). What asset was transferred? Line 4:

Bike

#### 7(4). Who received the asset? Line 4:

John Doe Jr.

#### 7(5). Relationship to new owner Line 4:

Brother

### 7(9). What was the fair market value when transferred? Line 4:

1800.99

#### 8(b). Date trust established (mm/dd/yyyy) Line 1:

1982-02-02

#### 8(c). Specify market value of all assets within the trust at time of establishement Line 1:

500000

# 8(d). Specify type of trust established Line 1:

IRREVOCABLE

#### 8(e). Have you added funds to the trust after it was established? Line 1:

false

#### 8(h). Are you receiving income from the trust? Line 1:

#### 8(j). Is the trust being used to pay for or to reimburse someone else for your medical expenses? Line 1:

false

8(I). Was the trust established for a child of the veteran who was incapable of self-support prior to reaching age 18? Line 1:

false

8(m). Do you have any additional authority or control of the trust? Line 1:

false

8(b). Date trust established (mm/dd/yyyy) Line 2:

1982-02-02

8(c). Specify market value of all assets within the trust at time of establishement Line 2:

900000

8(d). Specify type of trust established Line 2:

BURIAL

8(e). Have you added funds to the trust after it was established? Line 2:

true

8(f). When did you add funds? (mm/dd/yyyy) Line 2:

1985-02-01

8(g). How much did you add? Line 2:

200.12

8(h). Are you receiving income from the trust? Line 2:

true

8(i). How much do you receive annually? Line 2:

80000

8(j). Is the trust being used to pay for or to reimburse someone else for your medical expenses?

Line 2:

true

8(k). How much is being reimbursed monthly? Line 2:

123456.78

8(I). Was the trust established for a child of the veteran who was incapable of self-support prior to

reaching age 18? Line 2:

true

8(m). Do you have any additional authority or control of the trust? Line 2:

true