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:
Jarrod

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:
spouse's 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:
02-03-1995 - 03-02-1996

7.1[Veteran]. (4) place of marriage Line 4:
North Adams, MA

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

8.1. Amount of contribution for child Line 1:
$3,444.00

8.1. Child's date of birth Line 1:
03-02-1997

8.1. Child's name Line 1:
Bobby Middle Doe

8.1. Child's place of birth Line 1:
Tallahassee, FL

8.1. Child's social security number Line 1:
333224444

8.1. Child's status Line 1:
biological, previously married, does not live with you but contributes

8.1. Child's date of birth Line 2:
03-02-1993

8.1. Child's name Line 2:
Emily Middle Doe

8.1. Child's place of birth Line 2:
Troy, MT

8.1. Child's social security number Line 2:
333224444

8.1. Child's status Line 2:
adopted

8.1. Amount of contribution for child Line 3:
$2,300.00

8.1. Child's date of birth Line 3:
04-01-1992

8.1. Child's name Line 3:
Bennedictimaximus Middle Doe

8.1. Child's place of birth Line 3:
Troy, MT

8.1. Child's social security number Line 3:
333224444

8.1. Child's status Line 3:
biological, does not live with you but contributes

8.1. Amount of contribution for child Line 4:
$3,300.00

8.1. Child's date of birth Line 4:
06-29-1992

8.1. Child's name Line 4:
Sam Jason Doe

8.1. Child's place of birth Line 4:
Portland, ME

8.1. Child's social security number Line 4:
122222222

8.1. Child's status Line 4:
adopted, does not live with you but contributes

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:
Child

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:
Child

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:
Child

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:
Child

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