

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. Pension Information*VA medical center 1*

Specify VA Facility: Dallas Fort Worth VA Medical Center

Specify Federal Facility: Memphis Health Care

VA medical center 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:

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:

ATTACHMENT to VA Form 21P-527EZVA.gov Submission

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: