

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*

(1) Child's Name: Emily Anne Doe

(2) Child's Date Of Birth: 03-03-2000

(3) Child's Place Of Birth: Tallahassee, FL

(4) Child's Social Security

Number: 333224444

For Child:

Child 2

(1) Child's Name: Bobby Nolan Doe

(2) Child's Date Of Birth: 09-22-2005

(3) Child's Place Of Birth: Troy, MT

(4) Child's Social Security

Number: 333224444

For Child:

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

Child 3

(1) Child's Name: Jack Sawyer Doe

(2) Child's Date Of Birth: 04-01-2010

(3) Child's Place Of Birth: Troy, MT

(4) Child's Social Security

Number: 333224444

For Child:

(5) Child's Status: Biological, seriously disabled

(6) Amount Of Contribution \$2,300.00

For Child:

Child 4

(1) Child's Name: Sam Jason Doe

(2) Child's Date Of Birth: 06-29-2020

(3) Child's Place Of Birth: Portland, ME

(4) Child's Social Security

Number: 122222222

For Child:

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 Income: \$278.05

Income:

Income source 2

Payment Recipient: Veteran

Income Type: Interest dividend

Payer Name: John Doe

Current Gross Monthly Income: \$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 Income: \$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: