

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:

Jarrold

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:

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:

10-02-1999 - 03-02-2001

7.1[Veteran]. (4) place of marriage Line 4:

Nashville, TN

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. (1) child's name Line 1:

Emily Anne Doe

8.1. (2) child's date of birth Line 1:

03-03-2000

8.1. (3) child's place of birth Line 1:

Tallahassee, FL

8.1. (4) child's social security number Line 1:

333224444

8.1. (5) child's status Line 1:

Biological, previously married, does not live with you but contributes

8.1. (6) amount of contribution for child Line 1:

\$3,444.00

8.1. (1) child's name Line 2:

Bobby Nolan Doe

8.1. (2) child's date of birth Line 2:

09-22-2005

8.1. (3) child's place of birth Line 2:

Troy, MT

8.1. (4) child's social security number Line 2:

333224444

8.1. (5) child's status Line 2:

Adopted, 18-23 years old (in school)

8.1. (1) child's name Line 3:

Jack Sawyer Doe

8.1. (2) child's date of birth Line 3:

04-01-2010

8.1. (3) child's place of birth Line 3:

Troy, MT

8.1. (4) child's social security number Line 3:
333224444

8.1. (5) child's status Line 3:
Biological, seriously disabled

8.1. (6) amount of contribution for child Line 3:
\$2,300.00

8.1. (1) child's name Line 4:
Sam Jason Doe

8.1. (2) child's date of birth Line 4:
06-29-2020

8.1. (3) child's place of birth Line 4:
Portland, ME

8.1. (4) child's social security number Line 4:
122222222

8.1. (5) child's status Line 4:
Adopted

8.1. (6) amount of contribution for child Line 4:
\$3,300.00

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:

Dependent

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:
Dependent

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:
Dependent

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:
Dependent

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