

## VA BENEFITS – WIDOWED SPOUSE CHECKLIST

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### MILITARY INFORMATION

- \_\_\_\_\_ Military Discharge or Separation Papers (DD214) for All Active Duty, Reserve Service, and National Guard Service (if Available)
- \_\_\_\_\_ Proof of Name Change, if Name is Different from that in Military Records

### MEDICAL INFORMATION

- \_\_\_\_\_ Signed Doctor's Form, Stating that Widowed Spouse or Dependent Child is Housebound and/or in Need of Personal Assistance

### PERSONAL INFORMATION

- \_\_\_\_\_ Copy of Marriage Certificate to Veteran, if Filing for Widowed Spouse
- \_\_\_\_\_ Copies of All Divorce Papers or Death Certificates from Previous Marriages (for **both** Deceased Veteran and Widowed Spouse, if Filing for Widowed Spouse)
- \_\_\_\_\_ Copies of Available Marriage Certificates from All Previous Marriages of Veteran and His/Her Spouse
  - \_\_\_\_\_ Names, Dates, and Places of All Previous Marriages of Veteran and His/Her Spouse
- \_\_\_\_\_ Copies of Birth Certificates or Adoption Papers, if Filing for, or Claiming, a Dependent Child
- \_\_\_\_\_ Social Security Numbers and Birthdates of Widowed Spouse and Any Dependent Children

### FINANCIAL INFORMATION OF WIDOWED SPOUSE AND DEPENDENT CHILDREN

- \_\_\_\_\_ Proof of **All** Household Assets
  - \_\_\_\_\_ Latest Bank and Financial Statements
  - \_\_\_\_\_ Latest IRA Statement (if Applicable)
  - \_\_\_\_\_ Trust Fund and/or Annuity Statements
  - \_\_\_\_\_ Latest CD Statements
  - \_\_\_\_\_ Cash Value Statement from Whole Life Insurance Company
  - \_\_\_\_\_ Latest Mutual Fund Statements
  - \_\_\_\_\_ Current Value of All Stocks and Bonds
  - \_\_\_\_\_ Value of Any Business Interest
  - \_\_\_\_\_ Value of Second Home or Any Real Estate (Other than Primary Place of Residence)
  - \_\_\_\_\_ Value of Any Other Investments
  - \_\_\_\_\_ Latest 401K Statement

\_\_\_\_\_ Amount Widowed Spouse or Dependent Child is Paying Monthly For:

- \_\_\_\_\_ Education
- \_\_\_\_\_ Mortgage Payments
- \_\_\_\_\_ Property and Other Non-Medical Insurance Premiums
- \_\_\_\_\_ Taxes, Including Property and Income
- \_\_\_\_\_ Food
- \_\_\_\_\_ Clothing/Laundry
- \_\_\_\_\_ Grooming, Toilet Articles
- \_\_\_\_\_ Maintenance on Home
- \_\_\_\_\_ Utilities
- \_\_\_\_\_ Banking Fees
- \_\_\_\_\_ Charity Donations

\_\_\_\_\_ Proof of **All** Household **GROSS** Income

- \_\_\_\_\_ Current Monthly Pension Statements Showing GROSS Amount before Taxes/Insurance or Other Deductions
- \_\_\_\_\_ Proof of Current Monthly Social Security Payment
- \_\_\_\_\_ Current Year's Annuity Statement, Showing GROSS Amount before Any Deductions
- \_\_\_\_\_ Statement Showing Expected Current Year's IRA Distribution
- \_\_\_\_\_ Expected TOTAL Interest/Dividends for Next Twelve Months
- \_\_\_\_\_ Statement Showing NET Income from Rental Property, including Primary Place of Residence
- \_\_\_\_\_ SSI and SSDI Payments

**MEDICAL EXPENSE INFORMATION FOR WIDOWED SPOUSE AND DEPENDENT CHILDREN**

- \_\_\_\_\_ Signed Statement from Home Care Service, Nursing Home, or Assisted Living for Widowed Spouse, and/or Dependent Children
- \_\_\_\_\_ Print Out from Pharmacy Showing Last Six Month's Out-of-Pocket Medical Costs for Widowed Spouse and/or Dependent Children
- \_\_\_\_\_ Proof of Medical Insurance Premiums with Name of Company and Frequency of Payments
- \_\_\_\_\_ Statement Showing Medicare Part D Premium Amount (if Applicable)