

VA BENEFITS – VETERAN’S CHECKLIST

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

PERSONAL INFORMATION

- ___ Copies of All Divorce Papers or Death Certificates from Previous Marriages (for Both Veteran and Spouse, if Veteran is *Currently Married*)
- ___ Copies of Marriage Licenses from All Marriages of Veteran and His/Her Current Spouse
 - ___ Names, Dates, and Places of All Previous Marriages of Veteran and His/Her Current Spouse
- ___ Veteran’s Last Date of Employment and Job Description (if Employed Within Five Years and if Available)

FINANCIAL INFORMATION FOR VETERAN AND HIS/HER DEPENDENTS

- ___ Proof of **ALL** Household Assets
 - ___ Latest Bank and Financial Statements (All pages of Statements even if they are blank!)
 - ___ Latest IRA and 401K Statements (if Applicable)
 - ___ Trust Fund and/or Annuity Statements
 - ___ Latest CD Statements
 - ___ Statements from Life Insurance Company
 - ___ Latest Mutual Fund Statements
 - ___ Current Value of All Stocks and Bonds
 - ___ Value of Any Business Interest
 - ___ Value of Any Real Estate
 - include copies of deeds to any real estate
 - ___ Value of ALL Other Investments
 - ___ Voided Deposit Slip for Checking Account
- ___ 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 Payments – Award Letter
 - ___ Current Year’s Annuity Statements, 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 INFORMATION FOR VETERAN AND HIS/HER DEPENDENTS

- ___ Signed Care Provider Report
- ___ Print Out from Pharmacy Showing Last Six Month’s Out-of-Pocket Medical Costs Related to Prescriptions for Veteran and His/Her Dependents
- ___ Proof of Medical Insurance Premiums with Name of Company and Frequency of Payments
- ___ Statement Showing Medicare Part D Premium Amount (if Applicable)
- ___ Picture ID and Health insurance cards
- ___ Signed Physician’s Statement