

**CHECKLIST OF PAPERWORK THAT IS REQUIRED IN ORDER TO APPLY FOR BENEFITS**

\_\_\_\_\_ **1. Military Discharge/Separation Document (DD 214) showing veteran served during a period of war, served at least 90 days on active duty and received an Honorable Discharge.**

\_\_\_\_\_ **2. Marriage Certificate of Veterans and Spouse**

\_\_\_\_\_ **3. Death Certificate of Veteran if filing for Widow's Pension**

\_\_\_\_\_ **4. If there were previous marriages, the Divorce Decrees or Death Certificates of previous spouses.**

\_\_\_\_\_ **5. Income Award Letters. (Social Security, Retirement, Pension) – Monthly Gross Household Income from all sources.**

\_\_\_\_\_ **6. Other Income Information. Rental Property, Business Income, Interest and Dividends. - Monthly Gross Income**

\_\_\_\_\_ **7. Net Worth Information. (Amount in CDs, stocks, bonds, IRAs, mutual funds, property – other than 1<sup>st</sup> home)**

\_\_\_\_\_ **8. Monthly amount paid for Supplemental Health Insurance Premiums (Example: AARP, Blue Cross/Blue Shield, etc.) Official premium statements.**

\_\_\_\_\_ **9. Letter from the Assisted Living Facility stating when veteran/surviving spouse was admitted, how much the monthly rent is, and what ADL's the facility provides.**

\_\_\_\_\_ **10. Direct Deposit Info: Bank Name, Routing Number, Account Number**

\_\_\_\_\_ **11. VA Form 21-2680. This form is completed by the claimant's physician. This form will need to show that the veteran/surviving spouse needs assistance with all activities of daily living. (It is helpful if the physician can write the following sentence on the form: PATIENT NEEDS ASSISTANCE WITH ALL ACTIVITIES OF DAILY LIVING**