**VA Claim Checklist for Nonservice Connected Pension/ Survivors Pension Aid & Attendance Application**

1. Veteran Administration Claims Number: If a Veteran has previously filed a claim with the VA.
2. ALL Discharge/Separation papers (DD-214’s)
3. Copy of Marriage Certificate
4. Copy of Divorce Decrees and/or Death Certificates dissolving previous marriages (if applicable) for the veteran and the spouse
5. Copy of Death Certificate of Veteran (if surviving spouse claim)
6. Social Security CARDS for Veteran and Spouse

**As of Oct18, 2018 the VA has a three year look back and has changed rules on assets. Please review the following and bring paperwork if it applies to you.**

1. Proof of all current gross monthly income:
	1. If the Veteran is Retired Military a copy of the members Retire pay statement is helpful
	2. If receiving Social Security a Copy of Current Award Letter (the letter that social security sends at the beginning of the year stating what you monthly amount will be for the following year)
	3. Pension Statements
	4. Interest Income
	5. Etc…
2. Proof of all current assets: **In the past three years did you or your dependent transfer any assets? Please bring proof.**
	1. Current bank statements
	2. IRA’s
	3. Certificate of Deposits
	4. Rental Properties
	5. Farm Properties (income)
	6. Etc…This DOES NOT include the value of your Primary residence, automobile, or furnishings.
3. **Do you own your primary residence? What size is the lot that your residence sits on? Could any of the lot be sold without selling the residence?**
4. Bank Account #, Routing #, Bank Name, Address & Phone # for Direct Deposit(VOIDED CHECK)
5. All unreimbursed Medical expenses

**Un-reimbursed Medical Expense List**

The following list of items is what is allowable for un-reimbursed medical expenses for the Veteran and/or the Veteran’s spouse. This can be used as a checklist with gathering this information.

1. Social Security Medicare Part B premiums (\*remember some Retirements repay these for you!)
2. Private Health Insurance Premiums and/or Medicare Part D premium
3. Cost of nursing /assisted living/ personal care home
4. Doctor Bills paid by you
5. Medicine Bills paid by you
6. Eyeglasses paid by you
7. Any Dental work paid by you.
8. Hearing Aids paid by you.
9. Mileage traveled to/from the Doctor; Cost of transportation to medical appointments.
10. Medical Items (e.g. Wheel Chair, Walking stick, Oxygen Tank, Diabetic Supplies, Depends, etc.)