

**Veteran's Friend 760-434-8831
VA Pension Primary Qualification Form**

Date completed: _____

Name of person completing form (contact): _____

On behalf of: Veteran ___ Spouse ___ Widow ___

Home Phone of Contact: _____ **Cell:** _____

Email: _____ **Fax:** _____

Veteran's Name (if applicable) _____ **Age** _____

Spouse's Name (if married): _____ **Age** _____

Widow's Name (if applicable): _____ **Age** _____

Widow remarried? Yes ___ No ___

Date of Service entry: _____ **Date of Discharge:** _____

Veteran has an honorable discharge? Yes ___ No ___

Do you have VA Compensation? \$ _____

Do you have a Medal of Honor? _____

Veteran/ Spouse/ Widow resides: Assisted Living ___ Board n' Care ___
Nursing Home ___ Home Care ___ Other ___

Monthly income of Veteran \$ _____ **Cost of care** \$ _____

Monthly income of Spouse/Widow \$ _____ **Cost of care** \$ _____

Total combined Assets (not including the home) \$ _____

Do you have an IRA? Value \$ _____

Do you have Life Insurance?..... Cash value \$ _____

Fair Market Value of home (if applicable) \$ _____

Total combined liabilities \$ _____

**Send completed form to Veteran's Friend
Mail to: 2341 Castlegate Lane Vista CA 92084
Fax to: 760-434-0186
Email to: kate@veteransfriend.com**

Veteran's Friend will contact you once we have received this information.