

Documentation needed for Chapter 115 application

Have	Item	Notes
RECIPIENT INFORMATION		
<input type="checkbox"/>	Veteran's Discharge Paper (DD-214 or WD AGO form)	Must show period of active duty and type of discharge to determine veteran status
<input type="checkbox"/>	Veteran's Death Certificate	Only if veteran is deceased
<input type="checkbox"/>	Applicant(s) Photo Identification	
<input type="checkbox"/>	Marriage Certificate	
<input type="checkbox"/>	Legal Separation Paperwork	
<input type="checkbox"/>	Child(ren)'s Birth Certificate(s)	Only if you have minor children, children who are 18-23 & still in school, or child(ren) disabled prior to turning 18
<input type="checkbox"/>	Child(ren)'s Proof of School or College Enrollment	
<input type="checkbox"/>	Letter from Medical Doctor stating child's disability and age at onset	
RESIDENCE		
<input type="checkbox"/>	Current Rent Receipt / Lease Agreement	
<input type="checkbox"/>	Current Oil / Gas Bill for Heat	Only if you pay for heat and bill is in your name
<input type="checkbox"/>	Current Mortgage Statement showing monthly payment (principal balance, principal, interest, escrow)	
<input type="checkbox"/>	Most current real estate tax bill	Only if you own your home and do not have a mortgage
<input type="checkbox"/>	Most current homeowner's insurance statement	
<input type="checkbox"/>	Most current water bill	
<input type="checkbox"/>	Original mortgage date ___ / ___ / ___ & amount \$ _____	
INCOME		
<input type="checkbox"/>	Proof of income (VA compensation/pension; social security; SSI; SSDI; SSP; Retirement; Unemployment; Worker's Comp; Other)	
<input type="checkbox"/>	EMPLOYED: All pay stubs for most recent two years	
<input type="checkbox"/>	SELF-EMPLOYED: Most current tax returns / business records	
<input type="checkbox"/>	Statement from Unemployment showing denial / pending case	
<input type="checkbox"/>	If you own rental property, amount of income per month	Specify if applicant occupies property or not
EMPLOYMENT		
<input type="checkbox"/>	Last Employer's Name/Address, if retired/unemployed	
<input type="checkbox"/>	UNABLE TO WORK: Letter from medical doctor stating temporary or permanent inability to work; diagnosis; prognosis	Medical Evaluation Form can be obtained from VSO
INSURANCE		
<input type="checkbox"/>	Health insurance ID card(s) & amount(s) of monthly premiums (Medicare Parts B & D (rx), Medicare Supplement, private insurance, etc.)	Either bank statement showing electronic payment or billing statement from insurance company with monthly/quarterly premium amount(s).
<input type="checkbox"/>	Life insurance policy(ies) showing beneficiaries / amount of face & cash values	
ASSETS		
<input type="checkbox"/>	Last 3 months of statements from banks, credit unions, IRA's, 401k's, money markets, CDs, stocks, bonds, etc. all recipients' names	Will need details of all transactions over \$100
<input type="checkbox"/>	Auto Registration(s) for all vehicles in applicant(s) name(s)	Includes cars, trucks, RV, boats, motorcycles, etc.
<input type="checkbox"/>	Credit card debt (Type of credit and balance owed)	
<input type="checkbox"/>	Details of pending law suits (type, name(s) of all parties involved, all lawyers, all insurance companies, and copies of police reports)	