

**NEW VA QUESTIONS:**

13A. WHAT DISABILITY(IES) PREVENT YOU FROM WORKING?

13B. WHEN DID THE DISABILITY(IES) BEGIN? (MM, DD, YYYY)

14B. ARE YOU NOW OR HAVE YOU RECENTLY BEEN HOSPITALIZED OR GIVEN OUTPATIENT OR HOME CARE DUE TO THE DISABILITY(IES) LISTED IN ITEM 13A?

YES NO

15A. DATE(S) OF RECENT HOSPITALIZATION OR CARE

15B. NAME AND MAILING ADDRESS OF FACILITY OR DOCTOR

tell us about all of your employment, including self-employment, for **one** year before you became disabled to the present.

16A. ARE YOU NOW EMPLOYED?

YES NO

16B. WHEN DID YOU LAST WORK? (MM,DD,YYYY)

16C. WERE YOU SELF-EMPLOYED BEFORE BECOMING TOTALLY DISABLED?

YES NO

16D. WHAT KIND OF WORK DID YOU DO?

27. DO YOU OR YOUR DEPENDENTS OWN YOUR/YOUR FAMILY'S PRIMARY RESIDENCE?  
YES NO

28A. WHAT IS THE SIZE OF THE LOT ON WHICH THE PRIMARY RESIDENCE SITS?  
\_\_\_\_\_ Square feet

28B. COULD ANY PART OF THE LOT BE SOLD *WITHOUT SELLING THE RESIDENCE*?  
YES NO

29D. IN THE THREE CALENDAR YEARS BEFORE THIS YEAR, DID YOU OR YOUR DEPENDENTS TRANSFER ANY ASSETS? (Examples of asset transfers include giving them away, selling them, purchasing an annuity, or using them to establish a trust.)  
YES NO

I CERTIFY THAT THE STATEMENTS ON THIS FOUR PAGE DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE:

\_\_\_\_\_  
Signature