



# Veteran Affairs

Polk County River Place  
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[www.polkcountyiowa.gov](http://www.polkcountyiowa.gov)

This application is to be completed based on household finances for the veteran and their family.

Veteran: \_\_\_\_\_ SSN \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship to Veteran: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

1. Did the veteran die at the VA Medical Center or a VA Contracted Facility? YES or NO
2. Did the deceased die in the Iowa Veterans Home? YES or NO
3. Was the deceased's death caused by a service-connected injury? YES or NO
4. Was the veteran receiving VA Pension or VA Compensation? YES or NO
5. Is the funeral prepaid, covered by insurance or were there funds set aside to pay for the deceased's funeral? YES or NO
6. Did the veteran/spouse have a burial plot? YES or NO
7. Is the veteran/spouse applying to the Veterans' Cemetery? YES or NO

## ASSETS

Cash on Hand: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_

IRA/401K \$ \_\_\_\_\_

Real Estate: \$ \_\_\_\_\_ (other than their primary residence)

## MONTHLY INCOME:

Social Security \$ \_\_\_\_\_

VA Pension and/or VA service connected disability \$ \_\_\_\_\_

IPERS or any other retirement \$ \_\_\_\_\_

Annuity, Investment & Savings income from any other source \$ \_\_\_\_\_

Wages, salary, or unemployment compensation \$ \_\_\_\_\_

Workers' Compensation or disability insurance \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_