



Veteran Affairs

Polk County River Place
2309 Euclid Avenue
Des Moines, Iowa 50310
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Veterans.Affairs@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: _____

- | | YES | or | NO |
|--|-----|----|----|
| 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: _____ Funeral Home: _____