



# Veteran Affairs

Polk County River Place  
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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: \_\_\_\_\_