



## VETERANS MDVA-1 CHECKLIST

To Veteran: Please obtain and return the following information to your CVSO for submittal to MDVA.

\_\_\_\_\_ Copy of DD-214 or Separation document from active military service.

\_\_\_\_\_ Proof of residency. (MN Drivers license/ID Card, Voter Registration Card, Rent Receipt, Utility Bill).

If applicable: \_\_\_\_\_ a. copy of marriage license  
\_\_\_\_\_ b. copy of dependent children and step –children’s birth certificate(s)  
\_\_\_\_\_ c. divorce decree (if paying/receiving child support/spousal maintenance)  
\_\_\_\_\_ d. Social security numbers for all dependents required  
\_\_\_\_\_ e. death certificate if application is by surviving spouse

Verification of Income: \_\_\_\_\_ a. If employed copies of last 4 pay stubs if paid weekly/2 if paid bi-weekly.  
\_\_\_\_\_ b. Other income: documents verifying income of Social Security/Administration, Veterans Administration and any or all other forms of income. (If self employed previous year’s Tax return)

\_\_\_\_\_ **Two** most recent complete bank statements (All Pages) for checking, savings, investment, IRA’s & current statements for all other assets . Please provide an explanation of the source for all unidentified deposits. If none state “none” (This does not include the value of your primary residence or autos).

\_\_\_\_\_ Completed MDVA-4 Medical Report form signed by your health care provider if seeking Subsistence, or if a your Special Needs request surrounds a medical condition.

\_\_\_\_\_ Shelter Information completed (MDVA-5 Shelter Expense form and copy of signed lease or mortgage coupon required). Not Required for Dental/Optical.

\_\_\_\_\_ Name, address, phone number of dental and/or optical provider if seeking this benefit.

\_\_\_\_\_ If applying for Subsistence and/ or Special Needs, provide current and complete billings and/or invoices for all items for which you are requesting assistance.