

VA DISABILITY QUESTIONNAIRE

Veteran's Name: _____

Co-obligor: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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|---|-----|----|
| 1. Are you receiving VA disability benefits? | YES | NO |
| 2. Are you entitled to receive VA disability benefits, but for the receipt of retired pay? | YES | NO |
| 3. Have you received VA disability benefits in the past? | YES | NO |
| 4. Are you the surviving spouse of a veteran who died on active duty or as a result of a service-oriented disability? | YES | NO |
| 5. Are you now rated as incompetent by the VA or anyone else? | YES | NO |

Veteran's Signature

Date