

NON-SERVICE CONNECTED PENSION  
FOR VETERANS AND/OR SPOUSE

**This is not the actual application, IT IS ONLY A WORKSHEET.**

**After it is completed, please return this worksheet to the Sheboygan County Veterans Service Office and request an appointment so the claim can be submitted. You may fax (920) 459-3055 or email [veterans.services@SheboyganCounty.com](mailto:veterans.services@SheboyganCounty.com) the completed form.**

Veteran's full name (including maiden name, if applicable):

\_\_\_\_\_

Veteran's date of birth: \_\_\_\_\_ Veteran's SSN: \_\_\_\_\_

Veteran's Military Service (Branch/Dates) \_\_\_\_\_

Spouse's full name (including maiden name, if applicable):

\_\_\_\_\_

Spouse's date of birth: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

Previous marriage information: This information is not optional. If you do not know exact dates, you must provide at least the month and year of previous marriages and their ending dates. No supporting documentation is usually required with the exception of the current marriage if spouse is not deceased.

Veteran's marriages (including current marriage):

Date of Marriage	Place of Marriage	To Whom Married (First, MI, Last name)	Date Ended	Place Ended	How Ended

Spouse's marriages (including current marriage):

Date of Marriage	Place of Marriage	To Whom Married (First, MI, Last name)	Date Ended	Place Ended	How Ended

NET WORTH from all sources:

Source	Veteran	Spouse
Cash, Non-interest Bearing Bank Accounts		
Interest Bearing Bank Accounts, Certificates of Deposit (CDs)		
Retirement Accounts (IRAs, Keogh Plans, etc.)		
Stocks, Bonds and Mutual Funds		
Value of Business Assets		
Real Property (not your home as long as you are living in it)		

INCOME INFORMATION: This is gross household income from all sources. If you receive Social Security, include the amount you pay for Medicare even though it's taken out before you receive your Social Security.

Sources of Recurring Monthly Income	Veteran	Spouse
Social Security		
U.S. Civil Service / Railroad		
Black Lung Benefits		
Military Retired Pay		
Other (interest, dividends, Pension, etc.) Source: _____		
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EXPECTED INCOME for the next 12 months (**put the annual amount**, not the monthly amount):

Gross wages and salary (from employment)		
Total interest and dividends (if you have interest bearing assets, you must put an amount here)		
Other expected income Source: _____		



