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1. VETERAN'S NAME (Last, First, Middle Name)	2. CASE NUMBER	3. INCOME YEAR (YYYY)
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<input type="checkbox"/>	OPTION 1: AGREE	I agree my reported total gross household income is _____ above the VA National Income Threshold of _____. I do not wish to submit documentation of allowable deductible expenses that may reduce my income below the threshold.
<input type="checkbox"/>	OPTION 2: AGREE/PROVIDING EVIDENCE OF DEDUCTIBLE EXPENSES	I have enclosed documentation of allowable deductible expenses that may reduce my income below the threshold. Examples of allowable deductible expenses are unreimbursed medical expenses, such as prescription drugs, Medicare premiums, health insurance premiums, lab tests, eyeglasses, hearing aids, funeral/burial expenses, and educational expenses for the Veteran only.
<input type="checkbox"/>	OPTION 3: DISAGREE	I disagree with the financial information provided by IRS/SSA. I have enclosed copies of supporting documentation for disputed IRS/SSA information. I understand VA may use this information to determine my eligibility for health care benefits and may obtain verification from financial institutions and/or employers.

<input type="checkbox"/>	I certify that my sale of real estate was my primary residence.
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[illegible]

5. DATE SIGNED
(MM/DD/YYYY)