

Edward C. DeRose
VA Accredited Claims Agent
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VA PENSION AID AND ATTENDANCE Services Provided

- **Fully Accredited VA Claims Agent (#23607)**
- **Expert Advice**
- **Cash Flow Analysis**
- **Meet at your location (No Travel!)**
- **More than 10 years of experience helping Veterans and their surviving spouses.**
- **Assisted over 300 Veterans and helped their families secure more than \$5 Million in benefits.**
- **Simplifies what can be an arduous process through Government red tape.**
- **Guides you through the process.**
- **Assistance in gathering and securing the required documents.**
- **Better than 99% success rate.**
- **Assistance in the preparation of the claim.**
- **Follow up on the claim status after filing with the VA Administration.**

2020 Benefit Amounts

Veteran without Dependents
Monthly Maximum \$1,911
Annual Maximum \$22,939

Veteran with 1 Dependent
Monthly Maximum \$2,226
Annual Maximum \$27,195

Surviving Spouse
Monthly Maximum \$1,228
Annual Maximum \$14,742

2020 Eligible Candidates

World War II: 12/7/41 – 12/31/46
Continuous Service before 7/26/47 Also

Korean Conflict: 6/27/50 – 1/31/55

Vietnam Era: 8/5/64 – 5/7/75
2/28/61 if in country

Persian Gulf War: 8/2/90 – TBD by Law

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Documents Needed for VA Aid & Attendance Application

- _____ Veteran's Military Discharge Papers (VA Form DD-214) – **CERTIFIED**
- _____ Marriage Certificate – Marriage History - **If applicable**
- _____ Death Certificate – **If applicable**
- _____ Copy of Social Security Statements – **Showing amount received monthly**
- _____ Copy of ANY Pension Statements from ANY Pensions received (e.g. – Past Employer)
- _____ Copy of latest bank statements (**All checking, savings, CD's, etc. statements**)
- _____ Copy of any IRA Statements
- _____ Copy of ANY and ALL Investment Account Statements (**brokerage statements**)
- _____ Any additional Income or Real Estate or other property other than residence
- _____ Any Business Assets
- _____ Doctors Medical Certification Form
- _____ ALF Letter
- _____ Voided Check from current checking account (**for direct deposit**)
- _____ A list of any and all out of pocket unreimbursed medical expenses (**including Medicare premiums, Co-Pays for doctor visits, prescriptions, home health, travel to doctor's office, Hospital, tests, etc.**)
- _____ Any existing TRUSTS, POWER OF ATTORNEY, or any other legal documents