

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	<b>Department of Veterans Affairs</b>
YOUR COMPLETE MAILING ADDRESS	<b>IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH NO CHILDREN)</b>
	VA FILE NUMBER
	VA REGIONAL OFFICE RETURN ADDRESS
<b>IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.</b>	
1A. YOUR SOCIAL SECURITY NUMBER	1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER
1C. FIRST, MIDDLE, LAST NAME OF SPOUSE	1D. SPOUSE'S DATE OF BIRTH ( <i>Mo., day, yr.</i> )
<b>2. MARITAL STATUS</b> ( <i>Check only one box</i> )  (1) <input type="checkbox"/> MARRIED-LIVING WITH SPOUSE ( <i>You are legally married and you live with your spouse or are separated for medical reasons.</i> )  (2) <input type="checkbox"/> MARRIED-NOT LIVING WITH SPOUSE ( <i>You are legally married but estranged from your spouse.</i> ) Show the amount you contributed to your spouse's support during the last 12 months \$ _____ If you separated within the last 12 months, show the date of separation _____  (3) <input type="checkbox"/> NOT MARRIED ( <i>You have never married or are now divorced or widowed.</i> ) If your marriage ended within the last 12 months, show the date of divorce or death. _____	
<b>3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN</b> ( <i>See Paragraph 1 of the EVR Instructions, VA Form 21-0510</i> )  IN YOUR CUSTODY _____ NOT IN YOUR CUSTODY _____  AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ _____	
<b>4A. ARE YOU A PATIENT IN A NURSING HOME?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "Yes," Complete Items 4B thru 4D. If "No," go to Item 5.</i> )	<b>4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME</b> <i>(Please include Zip Code)</i>
<b>4B. SHOW THE DATE YOU ENTERED THE NURSING HOME</b>	
<b>4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>4E. SHOW THE DATE YOUR MEDICAID COVERAGE STARTED</b>	
<b>5. DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "Yes," write in the VA file number of the other benefit</i> ) _____	

**7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)**

GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" or "0.")

SOURCE	VETERAN	SPOUSE
SOCIAL SECURITY	\$	\$
U.S. CIVIL SERVICE		
U.S. RAILROAD RETIREMENT		
BLACK LUNG BENEFITS		
MILITARY RETIREMENT		
OTHER (Show Source)		
OTHER (Show Source)		

**7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)**

If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" OR "0."

NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.

SOURCE	VETERAN		SPOUSE	
	FROM: THRU:	FROM: THRU:	FROM: THRU:	FROM: THRU:
GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	\$
TOTAL INTEREST AND DIVIDENDS				
ALL OTHER (Show Source)				
ALL OTHER (Show Source)				

**7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS?** (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)

YES  NO (If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.)

<b>7D. WHAT INCOME CHANGED?</b> (Show what income changed, for example, wages, city pension, etc.)	<b>7E. WHEN DID THE INCOME CHANGE?</b> (Show the dates you received any new income or the date income changed)	<b>7F. HOW DID INCOME CHANGE?</b> (Explain what happened; for example, quit work, got raise, received inheritance)

**7G. NET WORTH (Read Paragraph 5 of the EVR Instructions)**

SOURCE	VETERAN	SPOUSE
CASH/NON- INTEREST-BEARING BANK ACCOUNTS	\$	\$
INTEREST-BEARING BANK ACCOUNTS		
IRA'S, KEOGH PLANS, ETC.		
STOCKS, BONDS, MUTUAL FUNDS, ETC.		
REAL PROPERTY (Not your home)		
ALL OTHER PROPERTY		

**8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)**

Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, Medical Expense Report, to report your medical expenses. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.

**9. VETERAN'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions)**

Show amounts paid by you during the last 12 months. DO NOT REPORT DEPENDENTS' EXPENSES. \$

<b>10A. SIGNATURE OF VETERAN</b> (Read paragraph 9 of the EVR Instructions before signing)	<b>10B. DATE SIGNED</b>

**10C. TELEPHONE NUMBERS (Include Area Code)**

DAYTIME	EVENING

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.