

FIRST, MIDDLE, LAST NAME OF VETERAN		<b>Department of Veterans Affairs</b> <b>IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH CHILDREN) 7</b>			
YOUR COMPLETE MAILING ADDRESS		VA FILE NUMBER			
		VA REGIONAL OFFICE RETURN ADDRESS			
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.					
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 separated from your spouse.</i> ) Show the amount you contributed to your spouse's support during the past 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>3A. UNMARRIED DEPENDENT CHILDREN</b> ( <i>Read Paragraph 1 of the EVR Instructions, VA Form 21-0510</i> )					
FULL NAME OF EACH CHILD <i>(First, middle initial, last)</i>		DATE OF BIRTH <i>(Mo., day, yr.)</i>	SOCIAL SECURITY NUMBER	PLEASE CHECK ONE (X)	
				UNDER 18 YEARS OF AGE	OVER 18 AND UNDER 23, AND ATTENDING SCHOOL
				ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS	
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
<b>3B. UNMARRIED DEPENDENT CHILDREN LISTED IN ITEM 3A WHO DO NOT LIVE WITH YOU</b>					
NAME OF EACH CHILD		CHILD'S COMPLETE ADDRESS		NAME OF PERSON CHILD LIVES WITH <i>(If Applicable)</i>	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT
					\$
					\$
					\$
4A. ARE YOU A PATIENT IN A NURSING HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "Yes," Complete Items 4B thru 4D. If "No," go to Item 5.</i> )			4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME ( <i>Please include Zip Code</i> )		
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME					
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
5. DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE? <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	CHILD:
SOCIAL SECURITY	\$	\$	\$
U. S. CIVIL SERVICE			
U. S. RAILROAD RETIREMENT			
BLACK LUNG BENEFITS			
MILITARY RETIREMENT			
OTHER (Show Source)			
OTHER (Show Source)			
OTHER (Show Source)			

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

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.

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

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

SOURCE	VETERAN	SPOUSE	CHILD:
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)**

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. 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 past 12 months. DO NOT REPORT DEPENDENTS' EXPENSES. \$

**10. FAMILY MAINTENANCE (Hardship) EXPENSES FOR THE NEXT 12 MONTHS (Read Paragraph 8 of the EVR Instructions).** Complete ONLY IF VA is currently excluding children's income on the grounds of hardship. Show total family expenses expected for the next 12 months. \$

**11A. SIGNATURE OF VETERAN (Read paragraph 9 of the EVR Instructions before signing)** **11B. DATE SIGNED**

**11C. TELEPHONE NUMBERS (Include Area Code)**

DAYTIME	EVENING
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**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.