

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN

YOUR DAYTIME TELEPHONE NUMBER *(Please include Area Code)*

YOUR EVENING TELEPHONE NUMBER *(Please include Area Code)*

YOUR NAME AND COMPLETE MAILING ADDRESS

 **Department of Veterans Affairs**

OLD LAW ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE) 1S

VA FILE NUMBER

VA REGIONAL OFFICE RETURN ADDRESS

IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.

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| 1A. YOUR SOCIAL SECURITY NUMBER | 1B. THE VETERAN'S SOCIAL SECURITY NUMBER |
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2. MARITAL STATUS *(Check only one box)*

(1) I HAVE NOT REMARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death)

(2) I REMARRIED ON _____ *(Date)* AND I AM STILL MARRIED (You married after the veteran's death and you are currently married.) Enter the date you married your current spouse.

(3) I REMARRIED AFTER VETERAN DIED BUT MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ *(Date)* (You remarried but you are not currently married.) Show the date your latest marriage ended.

3. DO YOU HAVE ANY UNMARRIED, DEPENDENT CHILDREN? (VA may recognize a veteran's natural or legally adopted children (or stepchildren) who are not married and who are either under age 18 OR between ages 18 and 23 and in school OR who are over age 18 and who became disabled before age 18. If you have unmarried children in any of these categories, check "YES.")

YES NO

4A. ARE YOU A PATIENT IN A NURSING HOME?

YES NO *(If "YES," complete Items 4B thru 4C. If "NO," go to Item 5)*

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| 4B. SHOW THE DATE YOU ENTERED THE NURSING HOME | 4C. ENTER THE NAME AND ADDRESS OF THE NURSING HOME - <i>(Please include ZIP Code)</i> |
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5. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?

YES NO

6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?

YES NO *(If "YES," write in the VA File number of the other benefit)* _____

REPORT OF INCOME

NOTE - If you have no income from a particular source, write "0" or line thru. DO NOT LEAVE ANY ITEMS BLANK.

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

| SOURCE | GROSS MONTHLY AMOUNTS | EXAMPLE |
|---------------------------------------|-----------------------|--|
| SOCIAL SECURITY | \$ | If you receive retirement benefits of \$365.60 with a \$15 deduction for taxes and a \$19.40 deduction for health insurance, your gross monthly retirement benefit is \$400. This is the amount you should report as income on your EVR. Retirement Check = \$365.60 Deduction for Taxes = 15.00 <u>Insurance Deduction = 19.40</u> Amount to Report on EVR \$400.00 If you receive Social Security, follow the example above. The amount you report should be the sum of your monthly Social Security check plus the amount of any Medicare deduction. |
| U.S. CIVIL SERVICE | | |
| U.S. RAILROAD RETIREMENT | | |
| MILITARY RETIREMENT (Not VA Benefits) | | |
| BLACK LUNG BENEFITS | | |
| OTHER RETIREMENT | | |
| SSI/PUBLIC ASSISTANCE | | |
| OTHER MONTHLY INCOME (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 line thru. DO NOT LEAVE ITEMS BLANK.

NOTE: Report annual income for the dates indicated. If no dates are written in above the columns that follow, report current calendar year (Jan. thru Dec.) income in the left hand column and estimate next calendar year income in the right hand column.

| SOURCE | FROM: THRU: | FROM: THRU: | NOTE: Be sure to report gross monthly and annual income. This means that you should report the amount of your income <u>before</u> deductions are taken out for taxes, retirement, Medicare or other insurance. |
|---------------------------------|----------------|----------------|---|
| GROSS WAGES FROM ALL EMPLOYMENT | | | |
| INTEREST AND DIVIDENDS | | | |
| ALL OTHER (Show Source) | | | |
| ALL OTHER (Show Source) | | | |

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE LAST 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 of if you received any NEW source of income or any ONE-TIME income.)

(1) YES (2) NO (If you answered "YES" to Item 7C, answer Items 7D, 7E, and 7F)

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

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| 8A. SIGNATURE OF CLAIMANT, CUSTODIAN OR GUARDIAN (Read paragraph 6 of the EVR Instructions) | 8B. DATE |
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