

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	Department of Veterans Affairs SECTION 306 ELIGIBILITY VERIFICATION REPORT (VETERAN) 2V
YOUR DAYTIME TELEPHONE NUMBER <i>(Please include Area Code)</i>	VA FILE NUMBER - PAYEE NUMBER - STUB NAME
YOUR EVENING TELEPHONE NUMBER <i>(Please include Area Code)</i>	VA REGIONAL OFFICE RETURN ADDRESS
YOUR COMPLETE MAILING ADDRESS	
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.	
1A. YOUR SOCIAL SECURITY NUMBER <i>(Enter correct number if wrong or missing)</i>	1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER <i>(Enter correct number if wrong or missing)</i>
1C. ARE THE SOCIAL SECURITY NUMBERS SHOWN ABOVE CORRECT?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO," enter correct Social Security Number(s) in Items 1A and/or 1B)</i>	
2. MARITAL STATUS (Check one box) (1) <input type="checkbox"/> MARRIED-LIVING WITH SPOUSE (You are legally married and live with your spouse or you live apart only for medical reasons) Enter spouse's first name _____ (2) <input type="checkbox"/> MARRIED-NOT LIVING WITH SPOUSE (You are legally married but estranged from your spouse) Show the amount you contributed to your spouse's support during the last months _____ If you separated within the last 12 months, show the date of separation _____ (3) <input type="checkbox"/> NOT MARRIED (You have never married or are now divorced or widowed) If your marriage ended within the last 12 months, show the date of divorce or death _____	
3A. NUMBER OF UNMARRIED DEPENDENT CHILDREN <i>(See Paragraph 1 of the EVR Instructions.)</i> IN YOUR CUSTODY _____ NOT IN YOUR CUSTODY _____ <small>(If there are children who are not in your custody please complete Item 3B)</small>	3B. AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ _____
4A. ARE YOU A PATIENT IN A NURSING HOME? <i>(If "YES," Complete Items 4B thru 4D. If "NO," go to Item 5.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
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>
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. DID YOU RECEIVE WAGES OR WERE 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 you checked "YES," write in the VA file number of the other benefit.)</i> _____	

7. REPORT OF INCOME AND NET WORTH

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

7A. MONTHLY INCOME (Read paragraphs 2 and 3 of the EVR instructions)			7B. VETERAN'S NET WORTH	
SOURCE	GROSS MONTHLY AMOUNTS		Report everything you own except personal automobiles, household effects, and the value of your home. If you own a farm or a building with more than one unit, report the value of the farm or building as "Real Property." However, you may deduct any mortgages and the value of the house or part of the building that you actually occupy as your residence. If the answer is "NONE", enter "0" or line thru.	
	VETERAN	SPOUSE		
SOCIAL SECURITY (See Note Below)	\$	\$		
U. S. CIVIL SERVICE				
U. S. RAILROAD RETIREMENT				
MILITARY RETIREMENT (Not VA Benefits)				
BLACK LUNG BENEFITS				
OTHER MONTHLY INCOME (Show Source)				
OTHER MONTHLY INCOME (Show Source)				
			CASH/NON- INTEREST-BEARING BANK ACCOUNTS	\$
			INTEREST-BEARING BANK ACCOUNTS	
			IRA'S, KEOGH PLANS, ETC.	
			STOCKS AND BONDS	
			MUTUAL FUNDS	
			VALUE OF BUSINESS ASSETS	
			REAL PROPERTY (Not your home)	
			ALL OTHER PROPERTY	

NOTE: If an amount is preprinted in one or both of the Social Security blocks above and the amount is correct, you are not required to make any entry in that Social Security block. Read Paragraph 3 of the EVR Instructions.

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

NOTE - If no income was received from a particular source, write "0" or line through. DO NOT LEAVE ANY ITEMS BLANK

SOURCE	VETERAN		SPOUSE		NOTE: Be sure to report gross monthly and annual income. This means that you should report the amount of your income before deductions are taken out for taxes, retirement, Medicare, or other insurance.
GROSS WAGES FROM ALL	\$	\$	\$	\$	
TOTAL INTEREST AND DIVIDENDS					
ALL OTHER (Show Source)					
ALL OTHER (Show Source)					

7D. 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)

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

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

8. FAMILY MEDICAL EXPENSES

NOTE: MOST BENEFICIARIES DO NOT HAVE TO COMPLETE THIS ITEM. Carefully read paragraph 5 of the EVR Instructions.

AMOUNTS PAID BY YOU OR YOUR SPOUSE	DATE PAID (Month/Year)	PURPOSE FOR PAYMENT (Doctor, Dentist, Etc.)	PAID TO (Name of Doctor, Pharmacy Etc.)	WHOSE EXPENSE (Self, child, etc.)
\$				

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.

9A. DAYTIME TELEPHONE NO. (Including Area Code)	9B. EVENING TELEPHONE NO. (Including Area Code)
10A. SIGNATURE OF VETERAN (Read paragraph 6 of the EVR Instructions before signing)	10B. DATE