

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	 Department of Veterans Affairs
VETERAN'S SOCIAL SECURITY NUMBER	OLD LAW AND SECTION 306 ELIGIBILITY VERIFICATION REPORT
NAME OF CHILD'S CUSTODIAN	VA FILE NUMBER
ADDRESS OF CHILD OR CUSTODIAN	VA REGIONAL OFFICE RETURN ADDRESS

3

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

NOTE: This form is intended to be used by children and custodians of children receiving Old Law and Section 306 pension. If you have been receiving a fixed rate of pension since 1960, you receive Old Law pension. If you have been receiving a fixed rate since 1978, you receive Section 306 pension. If you receive Old Law pension, do not complete Item 2G, Net Worth, and Item 3, Child's Medical Expenses. If you receive Section 306 pension, complete Item 2G. Read paragraph 5 of the EVR Instructions to see if you should complete Item 3.

1. CHILD(REN)'S MARITAL AND SCHOOL STATUS

List the children's names, dates of birth, and indicate marital and school status for all children being paid on this award. If other children are on separate VA awards, they will receive their own EVRs. If additional space is needed, attach a separate sheet of paper.

NOTE: Complete Item 1D only if the child is 18 years of age or older. Complete Item 1E only if the child is between the ages of 18 and 23 and has not been rated disabled by VA. The child is considered to have attended school continuously if the child attended every regular school term except summer school or holiday periods. If Block (2), STOPPED SCHOOL, is checked in Item 1D or "NO" is checked in Item 1E, provide the date the child last attended school in Item 1E.

A. CHILD'S NAME	B. DATE OF BIRTH	C. MARITAL STATUS	D. SCHOOL STATUS	E. ATTENDED SCHOOL CONTINUOUSLY SINCE AGE 18
		(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE LEFT SCHOOL
		(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE LEFT SCHOOL
		(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE LEFT SCHOOL
		(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE LEFT SCHOOL
		(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE LEFT SCHOOL

2. REPORT OF INCOME AND NET WORTH

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

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

SOURCE	GROSS MONTHLY AMOUNTS			SOURCE	GROSS MONTHLY AMOUNTS		
	CHILD	CHILD	CHILD		CHILD	CHILD	CHILD
SOCIAL SECURITY (See note below)	\$	\$	\$	SUPPLEMENTAL SECURITY INCOME (SSI)	\$	\$	\$
U.S. CIVIL SERVICE				OTHER MONTHLY INCOME			
U.S. RAILROAD RETIREMENT				OTHER MONTHLY INCOME			
BLACK LUNG BENEFIT				OTHER MONTHLY INCOME			

2B. 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	CHILD		CHILD		CHILD	
	THIS YEAR	NEXT YEAR	THIS YEAR	NEXT YEAR	THIS YEAR	NEXT YEAR
GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	\$	\$	\$
TOTAL INTEREST AND DIVIDENDS						
ALL OTHER (Show Source)						
ALL OTHER (Show Source)						

2C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THIS YEAR? (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 2C, answer Items 2D, 2E, and 2F)

2D. WHAT INCOME CHANGED? (Show what income changed; for example, wages, city pension, etc.)	2E. WHEN DID INCOME CHANGE? (Show the dates of any changes in children's income)	2F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)

2G. NET WORTH (Report all net worth except for automobiles and household effects, and the home actually occupied by the child as the child's primary residence. Do not complete this item if the child receives Old Law Pension (fixed rate since 1960).)

SOURCE	CHILD	CHILD	CHILD
CASH, NON-INTEREST-BEARING BANK ACCOUNTS	\$	\$	\$
INTEREST-BEARING BANK ACCOUNTS			
STOCKS AND BONDS, MUTUAL FUNDS, ETC.			
CERTIFICATES OF DEPOSIT, IRAs, ETC.			
REAL PROPERTY (Excluding child's home)			
ALL OTHER PROPERTY			

3. CHILD'S MEDICAL EXPENSES

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

AMOUNT PAID BY CHILD	DATE PAID (Month/Year)	PURPOSE FOR PAYMENT (Doctor, dentist, etc.)	PAID TO (Name of doctor, pharmacy, etc.)	FOR WHOM WAS THE EXPENSE PAID?

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.

4A. SIGNATURE OF PAYEE (Read Paragraph 6 of the EVR Instructions before signing)	4B. DATE	5. TELEPHONE NUMBER(S) (Include Area Code)	
		A. DAYTIME	B. EVENING