

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN		 Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH CHILDREN) 7
TELEPHONE NUMBERS OF PERSON COMPLETING FORM		
YOUR DAYTIME NO. (Include Area Code)	YOUR EVENING NO. (Include Area Code)	
YOUR COMPLETE MAILING ADDRESS (Include number and street or rural route, city or P.O., State and ZIP Code)		
		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
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2. MARITAL STATUS (Check one box)

MARRIED—LIVING WITH SPOUSE (You are legally married and you live with your spouse or are separated for medical reasons.) Enter spouse's first name _____

MARRIED—NOT LIVING WITH SPOUSE (You are legally married but separated from your spouse.) 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 _____

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 _____

3. NUMBER OF UNMARRIED DEPENDENT CHILDREN (See paragraph 1 of the EVR instructions. Show the number of children both in YOUR CUSTODY and NOT IN YOUR CUSTODY. Write "0" where appropriate)

IN YOUR CUSTODY <input style="width: 50px;" type="text"/>	NOT IN YOUR CUSTODY <input style="width: 50px;" type="text"/>	AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY <input style="width: 50px;" type="text"/>
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4A. ARE YOU A PATIENT IN A NURSING HOME?

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

4B. SHOW THE DATE YOU ENTERED THE NURSING HOME	4C. ENTER THE NAME AND ADDRESS OF THE NURSING HOME (Please Include ZIP Code)
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 WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?

YES NO

6. FAMILY MAINTENANCE (HARDSHIP) EXPENSES FOR NEXT 12 MONTHS (Complete this Item 6 ONLY if VA is currently excluding your children's income on the grounds of hardship. If this applies to you, show TOTAL expenses for family maintenance expected for THE NEXT 12 MONTHS.)	\$
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7. 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.) _____

8A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)

GROSS MONTHLY AMOUNTS (If none, write "0" or line through)

SOURCE	VETERAN	SPOUSE	CHILD:	EXAMPLES: Your monthly Civil Service check is \$365.60 and the deduction for taxes is \$15.00 and for health insurance \$19.40. Therefore, your gross monthly amount to report is \$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.
SOCIAL SECURITY				
U.S. CIVIL SERVICE				
U.S. RAILROAD RETIREMENT				
BLACK LUNG BENEFITS				
OTHER RETIREMENT				
OTHER (Show Source)				
OTHER (Show Source)				

8B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)

NOTE: Report annual income for the dates indicated. If no dates are written in above the columns that follow, then report last calendar year (January thru 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 line through. DO NOT LEAVE ANY ITEMS BLANK

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

8C. 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 you answered "YES" to Item 8c, answer 8D, 8E, and 8F)

8D. WHAT INCOME CHANGED? (Show what income changed, for example, wages, city pension, etc.)	8E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed.)	8F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance.)

8G. NET WORTH - Report everything you own except for automobiles, household effects, and the value of your home.

SOURCE	VETERAN	SPOUSE	CHILD:	NOTE: If you or a dependent 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 or part of the building that you actually occupy as your primary residence.
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				

9. MEDICAL EXPENSES

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 5 of the EVR Instructions indicates that you should report medical expenses, request VA Form 21-8416, Medical Expense Report. This is the one form you should use to report your medical expenses.

IMPORTANT NOTE: If your current rate of pension is based on allowance of a continuing deduction for nursing home fees or other recurring medical expenses, you MUST complete and return VA Form 21-8416 with your EVR to continue the deduction and avoid reduction or termination of your VA benefits.

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.

10. VETERAN'S EDUCATIONAL EXPENSES

VA may be able to allow a deduction from countable income for a veteran's educational expenses. Show amounts paid during the past 12 months. DO NOT REPORT DEPENDENTS' EXPENSES.	\$
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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.

11A. SIGNATURE OF VETERAN (Read paragraph 6 of the EVR Instructions before signing)	11B. DATE