

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	<b>Department of Veterans Affairs</b>
VETERAN'S SOCIAL SECURITY NUMBER	<b>IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE WITH NO CHILDREN) 8</b>
FIRST NAME - MIDDLE NAME - LAST NAME OF SURVIVING SPOUSE	VA FILE NUMBER
SURVIVING SPOUSE'S SOCIAL SECURITY NUMBER	VA REGIONAL OFFICE RETURN ADDRESS
MAILING ADDRESS OF SURVIVING SPOUSE <i>(Number, street or rural route, city or P.O. Box, State and Zip Code)</i>	

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

1. YOUR MARITAL STATUS *(Check 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 \_\_\_\_\_ *(You remarried but you are not currently married. Show the date your latest marriage ended.)*

2. NUMBER OF UNMARRIED DEPENDENT CHILDREN *(See Paragraph 1 of the EVR Instructions.)*

IN YOUR CUSTODY \_\_\_\_\_ NOT IN YOUR CUSTODY \_\_\_\_\_

3A. ARE YOU A PATIENT IN A NURSING HOME?

YES       NO      *(If "YES," Complete Items 3B thru 3D. If "NO," go to Item 4.)*

3B. SHOW THE DATE YOU ENTERED THE NURSING HOME	3C. ENTER THE NAME AND ADDRESS OF THE NURSING HOME <i>(Please Include Zip Code)</i>
3D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

4. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?

YES       NO

5. 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.)* \_\_\_\_\_

6. VA may be able to allow a deduction from countable income for a surviving spouse's educational expenses. This includes tuition, fees, books, and supplies paid from your funds. Show expenses paid by you during the last 12 months. DO NOT REPORT CHILDREN'S EXPENSES and do not complete this item if you are using this form as a supplement to a pending claim.	\$
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**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		7B. SURVIVING SPOUSE'S NET WORTH	
SOURCE <i>(See paragraphs 2 and 3 of EVR Instructions)</i>	GROSS MONTHLY AMOUNTS <i>(Show the rate of the date of this EVR)</i>	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 primary residence.	
SOCIAL SECURITY	\$		
U. S. CIVIL SERVICE		SOURCE	NET WORTH
		CASH/NON- INTEREST-BEARING BANK ACCOUNTS	
U. S. RAILROAD RETIREMENT		INTEREST-BEARING BANK ACCOUNTS	
		IRA'S, KEOGH PLANS, ETC.	
OTHER RETIREMENT		STOCKS, BONDS, MUTUAL FUNDS, ETC.	
		CERTIFICATES OF DEPOSIT	
ALL OTHER (Show Source)		VALUE OF BUSINESS ASSETS	
		REAL PROPERTY (Not your home)	
ALL OTHER (Show Source)		ALL OTHER PROPERTY	

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

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

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

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

**8. FAMILY 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 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. 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.

**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. <i>(Including Area Code)</i>	9B. EVENING TELEPHONE NO. <i>(Including Area Code)</i>
10A. SIGNATURE OF PAYEE <i>(Read paragraph 6 of the EVR Instructions before signing)</i>	10B. DATE