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| FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN | | Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (CHILD OR CHILDREN) 9C |
| VETERAN'S SOCIAL SECURITY NUMBER | | |
| TELEPHONE NUMBERS OF PERSON COMPLETING FORM | | |
| DAYTIME (Include Area Code) | EVENING (Include Area Code) | |
| NAME OF CHILD OR CHILD'S CUSTODIAN | | VA FILE NUMBER |
| MAILING ADDRESS OF CHILD OR CUSTODIAN Include number and street or rural route, city or P.O., State and ZIP Code) | | VA REGIONAL OFFICE RETURN ADDRESS |

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

1. List the names and Social Security numbers of all children filing on this claim. If a child does not have a Social Security number, write "No. SSN" in the space provided for the child's Social Security number.

| NAME | SOCIAL SECURITY NO. | NAME | SOCIAL SECURITY NO. |
|------|---------------------|------|---------------------|
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2. CHIL(REN)'S MARITAL AND SCHOOL STATUS

List children's names, dates of birth, and indicate marital and school status for all children filing on this claim or being paid on this award. If additional space is needed, attach a separate sheet of paper.

NOTE: Complete Item 2D only if the child is 18 years of age or older. Complete Item 2E 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 2D or "NO" is checked in Item 2E, provide the date the child last attended school in Item 2E.

| 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: GIVE DATE LEFT SCHOOL _____ <input type="checkbox"/> NO |
| | | (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: GIVE DATE LEFT SCHOOL _____ <input type="checkbox"/> NO |
| | | (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: GIVE DATE LEFT SCHOOL _____ <input type="checkbox"/> NO |
| | | (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: GIVE DATE LEFT SCHOOL _____ <input type="checkbox"/> NO |

3. DID ANY CHILD ON THIS AWARD RECEIVE WAGES AT ANY TIME DURING THE LAST 12 MONTHS?
 YES NO (If "NO," go to Item 5. If "YES," go to Item 4)

4. EDUCATION EXPENSES

Normally, education expenses are reported at the end of the year with your annual Eligibility Verification Report. If you are using this form as your annual Eligibility Verification Report and the child paid education expenses from the child's funds during the last calendar year, enter the child's name and the amount paid below. If you are using this form in connection with a pending claim, do not complete this item.

| CHILD'S NAME: | EDUCATION EXPENSE PAID | CHILD'S NAME: | EDUCATION EXPENSE PAID |
|---------------|------------------------|---------------|------------------------|
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |

READ THIS BEFORE COMPLETING ITEM 5. CHILD CLAIMANTS: If you are a child claiming pension in your own right, report income and net worth in the CHILD columns. CUSTODIANS OF CHILDREN: If you claim pension as the custodian of a child or children, enter your income and net worth in the CUSTODIAN columns. If you are also the child's parent, you are married, and you live with your spouse, add your and your spouse's incomes together and enter the sum in the CUSTODIAN columns in Items 5A and 5B. Report your net worth in Item 5C. Also report the child's income and net worth in the CHILD columns.
 INSTITUTIONAL CUSTODIANS: If you are an institutional custodian of a child, report only the child's income and net worth in the CHILD columns.

5. REPORT OF INCOME AND NET WORTH

If the child/custodian had no income or net worth, write "0" or line thru. DO NOT LEAVE ANY ITEMS BLANK.

5A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)

| SOURCE | GROSS MONTHLY AMOUNTS | | | SOURCE | GROSS MONTHLY AMOUNTS | | |
|--------------------------|-----------------------|-------|-------|------------------------------------|-----------------------|-------|-------|
| | CUSTODIAN | CHILD | CHILD | | CUSTODIAN | CHILD | CHILD |
| SOCIAL SECURITY | | | | BLACK LUNG BENEFITS | | | |
| U.S. CIVIL SERVICE | | | | OTHER MONTHLY INCOME (Show Source) | | | |
| U.S. RAILROAD RETIREMENT | | | | OTHER MONTHLY INCOME (Show Source) | | | |

5B. 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, report prior calendar year (Jan. thru Dec.) income in the left hand column, and estimate current calendar year income in the right hand column.

| SOURCE | CUSTODIAN | | CHILD | | CHILD | |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | FROM: THRU: |
| GROSS SALARY OR WAGES | \$ | \$ | \$ | \$ | \$ | \$ |
| INTEREST AND DIVIDENDS | | | | | | |
| ALL OTHER (Show Source) | | | | | | |
| ALL OTHER (Show Source) | | | | | | |

5C. NET WORTH - Report all net worth except for automobiles, household effects, and the home actually occupied by the child or custodian as that person's primary residence.

| SOURCE | CUSTODIAN | CHILD | CHILD |
|--|-----------|-------|-------|
| CASH, NON-INTEREST BEARING BANK ACCTS. | | | |
| INTEREST-BEARING BANK ACCOUNTS | | | |
| STOCKS, BONDS, MUTUAL FUNDS, ETC. | | | |
| CERTIFICATES OF DEPOSIT, IRAs, ETC. | | | |
| REAL PROPERTY (Excluding home) | | | |
| ALL OTHER PROPERTY | | | |

5D. 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

(1) YES (2) NO (If you answered "YES" to Item 5D, answer Items 5E, 5F, and 5G)

| | | |
|---|---|---|
| 5D. 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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CHILD'S 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 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.

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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| 6A. SIGNATURE OF PAYEE (Read paragraph 6 of the EVR Instructions before signing) | 6B. DATE |
|--|----------|