



PENSION CLAIM QUESTIONNAIRE FOR FARM INCOME

1. VA FILE NUMBER

C/SS-

PRIVACY ACT INFORMATION: No allowance of pension may be granted unless the information requested is furnished as required by existing law (38 U.S.C. 1506). The responses you submit are considered confidential. They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records -VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

INSTRUCTIONS: Before further action can be taken on your claim for nonservice-connected pension, we must have more information concerning your farming activity. Please answer all questions on this form accurately and completely. If the answer to a particular question is none, write "NONE" in the space provided.

References in this form to "THIS YEAR" refer to the period (If blank, "THIS YEAR" refers to the current calendar year. References to "LAST YEAR" refer to the 12 month period preceding "THIS YEAR.")

PERIOD STARTING DATE

PERIOD ENDING DATE

2. FIRST - MIDDLE - LAST NAME OF VETERAN

3. SOCIAL SECURITY NUMBER

4. VA OFFICE AND ADDRESS

5. REPORT OF THE TOTAL OF ALL GROSS RECEIPTS

(Including crops, breeding livestock, other livestock, produce, farm rentals, soil bank or ASCA payments, patronage division, cash, rents, etc.)

A. AMOUNT RECEIVED LAST YEAR

B. AMOUNT EXPECTED THIS YEAR

C. AMOUNT ANTICIPATED NEXT YEAR

\$

\$

\$

6. NAMES OF OWNERS OF BUSINESS AND DEGREE OF OWNERSHIP OF EACH *(As shown by deed, trust or other document)*

7. FARM OPERATING EXPENSES

(Include landlord's share for all items in which he/she shares expenses. Payments on principal of mortgage are not deductible. Do not include depreciation)

ITEM (A)	AMOUNT SPENT LAST YEAR (B)	AMOUNT TO BE SPENT THIS YEAR (C)	ITEM (D)	AMOUNT SPENT LAST YEAR (E)	AMOUNT TO BE SPENT THIS YEAR (F)
HIRED LABOR			OTHER EXPENSES (List)		
FEEDS PURCHASED					
SUPPLIES PURCHASED					
MACHINE HIRE					
REPAIRS AND MAINTENANCE OF FARM BUILDINGS AND MACHINERY <i>(Except dwellings)</i>					
CASH RENT					
PROPERTY TAXES					
INSURANCE ON PROPERTY					
INTEREST ON MORTGAGE AND OTHER LOANS <i>(Not payment on principal)</i>			TOTAL EXPENSES	<i>(Cols. B and E)</i>	<i>(Cols. C and F)</i>
				\$	\$

8A. TOTAL ACREAGE OWNED BY YOU	8B. ACREAGE RENTED TO OTHERS	8C. ACREAGE RENTED FROM OTHERS	8D. TOTAL ACREAGE OPERATED BY YOU
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9. ACREAGE IN CROPS AND PASTURE			10. LIVESTOCK INFORMATION	
KIND (Grain, hay, cotton, tobacco, etc.)	NUMBER OF ACRES		KIND (Cattle, pigs, sheep, ducks, etc.)	TOTAL NUMBER ON FARM NOW
	LAST YEAR	THIS YEAR		
PASTURE				

11. TOTAL FARM WORK
(Furnish the following information about the work done by you, hired help and others)

YEAR (A)	LINE NO.	ITEM (B)	PROPORTION (Check applicable boxes) (C)				
			NONE	1/4	1/2	3/4	ALL
LAST YEAR	1	PROPORTION DONE BY YOU					
	2	PROPORTION DONE BY HIRED HELP					
	3	PROPORTION DONE BY OTHERS (Including members of the family)					
THIS YEAR	4	PROPORTION BEING DONE BY YOU					
	5	PROPORTION BEING DONE BY HIRED HELP					
	6	PROPORTION BEING DONE BY OTHERS (Including members of the family)					

12. PLEASE DESCRIBE ANY WORK YOU HAVE DONE FOR OTHERS DURING THE PAST YEAR AND THE AMOUNT OF SALARY OR WAGES YOU RECEIVED

13. DO YOU RENT YOUR FARM TO OR FROM SOMEONE ELSE?
 YES NO (If "Yes," furnish a copy of your farm rental agreement or lease or a statement setting forth in detail particulars of the agreement)

14. DO YOU RECEIVE INCOME FROM ANY SOURCE OTHER THAN FARMING?
 YES NO (If "Yes," explain fully, including income received)

CERTIFICATION AND SIGNATURE OF CLAIMANT

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

15A. DATE SIGNED	15B. SIGNATURE OF CLAIMANT	16. ADDRESS
15C. DAYTIME PHONE NO. (Including Area Code)	15D. EVENING PHONE NO. (Including Area Code)	

WITNESSES TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK

Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

17A. SIGNATURE OF WITNESS	17B. PRINTED NAME AND ADDRESS OF WITNESS
18A. SIGNATURE OF WITNESS	18B. PRINTED NAME AND ADDRESS OF WITNESS

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 to be false, or for the fraudulent acceptance of any payment to which you are not entitled.