



**INSTRUCTIONS FOR COMPLETING THIS STATEMENT (VA FORM 21-527)**  
*(Detach and Retain Instructions)*

**PRIVACY ACT INFORMATION:** No allowance of compensation or pension may be granted unless this form is completed fully as required by existing law (38 U.S.C. Chapters 11 and 15). The responses you submit are considered confidential, (38 U.S.C. 5701). 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 under the law. Information submitted is subject to verification through computer matching programs with other agencies.

Income information and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103(1)(7)(D) of the Internal Revenue Code of 1986. Any information provided by you including your Social Security Number, may be used in matching programs conducted in connection with any proceeding for the collection of an amount owed the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

**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 burden for this collection of information is estimated to average 1 hour 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.

**GENERAL INSTRUCTIONS**

**NOTE: PLEASE READ VERY CAREFULLY.**

If you need information about the meaning of any question, contact your nearest VA regional office. If additional space is needed for any item, use Item 24, Remarks, page 6 or number a separate sheet of paper to correspond to the items you are answering and attach the sheet to the application.

**A. DISABILITY PENSION** is paid for permanent and total disability not resulting from service in the armed forces. Pension is paid only to veterans of wartime service.

Benefits may only be paid from the date of receipt of your application in VA unless you were incapacitated because of a disability which prevented you from filing a claim for a period of at least 30 days beginning with the date you became permanently and totally disabled. If you want this claim considered as a claim for retroactive payment, so indicate in Item 24, Remarks, and identify the specific disability which prevented you from filing.

**B. REPRESENTATION.** You may be represented, without charge, by an accredited representative of a veterans organization or other service organization, recognized by the Secretary of Veterans Affairs, or you may employ an attorney to assist you with your claim. Typical examples of counsel who may be available include attorneys in private practice or legal aid services. If you desire representation, let us know and we will send you the necessary forms. If you have already designated a representative, no further action is required on your part.

**C. HEARINGS.** You have the right to a personal hearing at any stage of claims processing, either before or after a decision is made. This right may be exercised with regard to an original claim, supplemental claim or with regard to any subsequent action affecting your entitlement. All you need do is inform the nearest VA office as to your desires, and we will arrange a time and place for the hearing. You may bring witnesses if you desire and their testimony will be entered in

will furnish the hearing room, provide hearing officials, and prepare the transcript of the proceedings. VA cannot pay any of your expenses in connection with the hearing.

**D. EVIDENCE - GENERAL.** Furnish a statement from your doctor showing the extent of your disabilities with your application. If you are a nursing home patient, you should furnish a statement signed by an official of the nursing home showing the date of your admission and patient status. Also, indicate in Item 24, Remarks, that you are a nursing home patient and give the name and address of the nursing home. Be sure to include the ZIP Code.

**E. REPORTING NET WORTH FOR PENSION FOR DISABILITY NOT RESULTING FROM SERVICE.** Pension cannot be paid if net worth is sizeable. Net worth is the market value of all interest or rights in any kind of property except ordinary personal effects necessary for daily living such as automobile, clothing or furniture, and the dwelling (single family unit) used as your principal residence. Therefore, all other assets must be reported so that we may determine whether net worth prevents you from receiving pension benefits.

**F. INCOME LIMITS AND RATES OF PENSION.** The rate of pension paid to a veteran depends upon the amount of family income and the number of dependents, according to a formula provided by law. Because benefit rates and income limits are frequently changed, it is not feasible to keep such information current in these instructions. Information regarding current income limitations and rates of benefits may be obtained by contacting your nearest VA office.

(1) A higher rate of pension is payable to a veteran who is a patient in a nursing home or otherwise determined to be in need of regular aid and attendance or who is permanently housebound due to disability.

(2) Pension rates are also increased for a veteran who served during the Mexican Border Period or World War I.

## GENERAL INSTRUCTIONS (Continued)

### IMPORTANT

THERE ARE CERTAIN TYPES OF INCOME WHICH MAY BE EXCLUDED IN DETERMINING THE INCOME COUNTABLE FOR VA PURPOSES. HOWEVER, YOU MUST REPORT THE SOURCES AND AMOUNTS OF ALL INCOME BEFORE DEDUCTIONS FOR YOURSELF, SPOUSE, AND DEPENDENT CHILDREN. WE WILL DETERMINE ANY AMOUNT WHICH DOES NOT COUNT. INCLUDE ALL SEVERANCE PAY OR OTHER ACCRUED PAYMENTS OF ANY KIND OR FROM ANY SOURCE. WHEN NO INCOME IS RECEIVED OR EXPECTED FROM A SPECIFIED SOURCE, WRITE "NONE" IN THE APPROPRIATE BLOCK (ITEMS 22A THROUGH 23C). IF INCOME FROM ANY SOURCE IS ANTICIPATED BUT THE AMOUNT IS NOT YET DETERMINED FURNISH YOUR BEST ESTIMATE OF THE AMOUNT EXPECTED AND EXPLAIN IN ITEM 24, REMARKS.

G. FAMILY UNUSUAL MEDICAL EXPENSES are amounts actually paid by you that are not reimbursed by insurance or otherwise. We can reduce your income for VA purposes (and increase your rate of pension) if your medical expenses qualify for exclusion under the formula provided by law. If you are awarded pension, you will have an opportunity to report your medical expenses approximately a year after the effective date of your award. You should keep a record of

expenses you pay after you become entitled to pension and report those for which you will not be reimbursed on a form that will be provided. Normally, an adjustment for medical expenses is made at the end of the income reporting year and results in a retroactive payment to you. However, if your income is static and you have a consistently high level of medical expenses (such as nursing home fees), make a statement to that effect in Item 24, "Remarks," and it may be possible to increase your rate without waiting until the end of the year.

H. LAST ILLNESS AND BURIAL EXPENSES. Your countable income may be reduced by the amount of expenses of the last illness and burial of a spouse or child paid by you at any time prior to the end of the year following the year of death for which you were not reimbursed. Use Item 24, Remarks, to report such expenses.

I. EDUCATIONAL OR VOCATIONAL REHABILITATION EXPENSES are amounts paid for courses of education, including tuition, fees, and materials and may be deducted from the respective incomes of a veteran and the earned income of a child if the child is pursuing a course of postsecondary education or vocational rehabilitation or training. If you or your school child(ren) paid these expenses, report the total amounts paid, dates of payment, and state to whom the expenses apply.

### SPECIFIC INSTRUCTIONS

A veteran applying for total disability benefits should complete this form when requested. All questions should be answered fully and accurately, after first carefully reading the following instructions numbered to correspond to the items on the form. If more space is required, attach additional sheets and identify each answer by item number. Be sure to include your name and VA file number on each additional sheet.

Items 1A and 1F - In Item 1A, enter your own Social Security number. In Item 1F, enter your spouse's number.

Item 3A - If you checked the married box, furnish complete information concerning all marriages and the termination of such marriages, for you and your spouse. Include specific details for the date, place and manner of dissolution of marriages. If your spouse is also a veteran, include his/her VA file number (if known) in Item 3F.

Item 8 - The term "child" includes any unmarried natural, adopted or stepchild who is (1) under age 18 or (2) over 18 years of age and under 23 who is attending a school, or (3) of any age if permanently disabled prior to age 18.

Items 11C and 12C - In the columns headed "Months Worked," state time actually worked. For example: state if you worked full time for 2, 4, 6, 8, or 10 months. If you did not work full time each month, state the months or parts of months actually worked. For example: 2 months, 1 week, 2 days.

Items 11E and 12E - "Total Earnings," should include not only your cash earnings but other benefits received from your employer in lieu of cash, such as room, board, or goods, received as part of your payment for work performed. The estimated value should be included in the amount of wages or salary reported.

Item 19 - Net worth is the market value of interests or rights in any kind of property except personal effects necessary for daily living such as an automobile, clothing or furniture, and the dwelling (single family unit) used as your principal residence. Net worth must be reported for yourself and for all persons for whom you are claiming benefits. If property is owned jointly by yourself and your spouse, report one-half of the total value held jointly for each of you.

Items 20, 21, 22, and 23 - Report the received and expected income for yourself and all persons for whom you are claiming benefits. You must report all income from all sources. When reporting income, report the total amount before any deductions, not the amount actually received. If income from two or more sources should be reported on the same line, list each amount separately and clearly indicate the source on a separate sheet of paper. If you and your spouse receive income from dividends, interest, rents, investments or operation of a business, profession or farm, which you own jointly, report one-half of the income as yours and one-half as your spouse's. Report Social Security benefits on Line 22A and Supplemental Security Income (SSI) benefits on Line 22F.

 <b>Department of Veterans Affairs</b>	1A. VETERAN'S SOCIAL SECURITY NO.	1B. SERVICE NO.	1C. VA FILE NO.
	1D. DATE OF BIRTH	1E. BRANCH OF SERVICE	1F. SPOUSE'S SOCIAL SECURITY NO.
<b>INCOME-NET WORTH AND EMPLOYMENT STATEMENT</b> <i>(In support of Claim for Total Disability Benefits)</i>			
2A. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN <i>(Type or Print)</i>		2B. ADDRESS OF CLAIMANT <i>(No., street or rural route, City or P.O., State and ZIP Code)</i>	

**PART I - MARITAL AND DEPENDENCY DATA**

3A. MARITAL STATUS <input type="checkbox"/> MARRIED <i>(If you check one of the following boxes do not complete Items 3B through 7D)</i> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCE <input type="checkbox"/> NEVER			3B. SPOUSE'S BIRTHDATE
3C. NUMBER OF TIMES YOU HAVE BEEN MARRIED	3D. NUMBER OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED	3E. IS YOUR SPOUSE ALSO A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 3F, if known)</i>	3F. SPOUSE'S VA FILE NO.
4A. DO YOU LIVE TOGETHER? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Items 4B, 4C, and 5)</i>	4B. REASON FOR SEPARATION	4C. PRESENT ADDRESS OF SPOUSE	5. AMOUNT YOU CONTRIBUTE TO YOUR SPOUSE'S SUPPORT MONTHLY  \$

*NOTE: Furnish the following information about each of your marriages. Where a date is requested, show month, day, and year. Where a place is requested, show city and state.*

6A. DATE AND PLACE OF MARRIAGE	6B. TO WHOM MARRIED	6C. TERMINATED <i>(Death, Divorce)</i>	6D. DATE AND PLACE TERMINATED

**FURNISH THE FOLLOWING INFORMATION ABOUT EACH PREVIOUS MARRIAGE OF YOUR PRESENT SPOUSE**

7A. DATE AND PLACE OF MARRIAGE	7B. TO WHOM MARRIED	7C. TERMINATED <i>(Death, Divorce)</i>	7D. DATE AND PLACE TERMINATED

**IDENTIFICATION OF CHILDREN AND INFORMATION RELATIVE TO CUSTODY**

*NOTE: Furnish the following information for each of your unmarried children.*

8A. NAME OF CHILD <i>(First, middle initial, last)</i>	8B. DATE OF BIRTH <i>(Month, day, year)</i>	8C. PLACE OF BIRTH <i>(City and State)</i>	8D. SOCIAL SECURITY NO. OF CHILD	8E. CHECK EACH APPLICABLE CATEGORY			
				MARRIED PREVIOUSLY	STEPCHILD OR ADOPTED	OVER 18 ATTENDING SCHOOL	SERIOUSLY DISABLED

8F. NAME(S) OF ANY CHILDREN NOT IN YOUR CUSTODY	8G. NAME AND ADDRESS OF PERSON HAVING CUSTODY	8H. MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT
		\$
		\$
		\$

**PART II - EMPLOYMENT DATA**

9. DATE YOU BECAME TOTALLY DISABLED	10A. WHAT IS THE MOST YOU EVER EARNED IN ANY ONE YEAR? \$	10B. WHAT YEAR?	10C. OCCUPATION DURING THAT YEAR?
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**LIST ALL YOUR EMPLOYMENT, INCLUDING SELF-EMPLOYMENT, FOR ONE YEAR BEFORE YOU BECAME TOTALLY DISABLED**

11A. NAME AND ADDRESS OF EMPLOYER	11B. KIND OF WORK	11C. MONTHS WORKED	11D. TIME LOST FROM ILLNESS	11E. TOTAL EARNINGS
				\$
				\$

**LIST ALL YOUR EMPLOYMENT, INCLUDING SELF-EMPLOYMENT, SINCE YOU BECAME TOTALLY DISABLED**

12A. NAME AND ADDRESS OF EMPLOYER	12B. KIND OF WORK	12C. MONTHS WORKED	12D. TIME LOST FROM ILLNESS	12E. TOTAL EARNINGS
				\$
				\$

13. DID YOU HAVE TO QUIT YOUR LAST JOB OR SELF-EMPLOYMENT ON ACCOUNT OF YOUR PHYSICAL CONDITION? YES    NO <i>(If "Yes," give the facts on a separate sheet)</i>	14. DATE YOU LAST WORKED
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**LIST THE EMPLOYMENT YOU HAVE TRIED AND FAILED TO OBTAIN DURING THE PAST YEAR**

15A. NAME AND ADDRESS OF EMPLOYER	15B. KIND OF WORK	15C. DATE APPLIED

**PART III - EDUCATION**

16. EDUCATION <i>(Circle highest year completed)</i> 1 2 3 4 5 6 7 8                      1 2 3 4                      1 2 3 4 (GRADE SCHOOL)                      (HIGH SCHOOL)                      (COLLEGE)	17. NATURE OF AND TIME SPENT IN OTHER EDUCATION AND TRAINING
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**PART IV - ILLNESS DURING PAST TWELVE MONTHS**

18A. DURING THE PAST 12 MONTHS, WERE YOU UNDER DOCTOR'S CARE?  YES    NO <i>(If "Yes," complete Items 18B, 18C, &amp; 18D)</i>	18B. NATURE OF ILLNESS	18C. DATES OF TREATMENT	18D. NAME AND ADDRESS OF DOCTOR
18E. ARE YOU NOW OR HAVE YOU BEEN HOSPITALIZED WITHIN THE PAST 12 MONTHS?  YES    NO <i>(If "Yes," complete Items 18F, 18G, &amp; 18H)</i>	18F. NATURE OF ILLNESS WHEN HOSPITALIZED	18G. DATES OF HOSPITALIZATION	18H. NAME AND ADDRESS OF INSTITUTION

**PART V - NET WORTH (VALUE OF ESTATE - if none, write "NONE" or "O")**

ITEM NO.	SOURCE	AMOUNTS				
		VETERAN	SPOUSE	NAME OF CHILD/REN		
19A	STOCKS, BONDS, BANK DEPOSITS, ETC.	\$	\$	\$	\$	\$
19B	REAL ESTATE <i>(Not your home)</i>					
19C	OTHER PROPERTY <i>(Specify in Item 24, Remarks)</i>					
19D	NET WORTH <i>(Total of Items 19A, 19B, &amp; 19C)</i>	\$	\$	\$	\$	\$

**PART VI - INCOME RECEIVED AND EXPECTED FROM ALL SOURCES**

*NOTE: Items 20A through 23C should be completed ONLY if you are applying for nonservice-connected pension.*

20A. HAVE YOU, YOUR SPOUSE, OR CHILDREN APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION (OTHER THAN SSI) OR RAILROAD RETIREMENT BOARD?

YES  NO (If "Yes," complete Items 20B through 20F)

20B. GROSS MONTHLY AMOUNT <i>(Include Medicare Deduction)</i>	20C. DATE BENEFITS BEGAN	20D. DATE YOU EXPECT BENEFITS TO BEGIN
VETERAN		
SPOUSE		
CHILD		

20E. WILL YOU, YOUR SPOUSE, OR CHILDREN APPLY FOR EITHER BENEFIT DURING THE NEXT 12 MONTHS?

YES  NO (If "Yes," complete Item 20F)

20F. DATE OF INTENTION TO APPLY

VETERAN	
SPOUSE	
CHILD	

21A. HAVE YOU, YOUR SPOUSE, OR CHILDREN APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANNUITY OR RETIREMENT BENEFITS OR ENDOWMENT INSURANCE FROM ANY SOURCE?  YES  NO (If "Yes," complete Items 21B through 21E)

21B. GROSS MONTHLY AMOUNT	21C BEGINNING DATE	21 D. DATE OF INTENTION TO APPLY	21 E. SOURCE OF BENEFIT
VETERAN	\$		
SPOUSE	\$		
CHILD	\$		

**VETERAN AND DEPENDENTS MONTHLY INCOME** (If none, write "NONE" or "0")

*NOTE: For each source, report gross monthly amount, including deductions, for family member.*

ITEM NO.	SOURCE OF MONTHLY INCOME	AMOUNTS				
		VETERAN	SPOUSE	NAME OF CHILDREN		
22A	SOCIAL SECURITY					
22B	U.S. CIVIL SERVICE					
22C	U.S. RAILROAD RETIREMENT					
22D	MILITARY RETIREMENT					
22E	BLACK LUNG BENEFIT					
22F	SUPPLEMENTAL SECURITY/PUBLIC ASSISTANCE					
22G	ALL OTHER MONTHLY INCOME (Specify source)					

**VETERAN AND DEPENDENTS OTHER INCOME** (If none, write "NONE" or "0")

*NOTE: Please provide the amount of expected annual income or one-time nonrecurring income (specify source) for the 12 month period from the date the claim is filed with VA.*

23A	TOTAL WAGES				
23B	TOTAL INTEREST AND DIVIDENDS				
23C	ALL OTHER INCOME (Specify source)				

24. REMARKS

**PART VII - DIRECT DEPOSIT INFORMATION**

All Federal payments made to a person who applied and became eligible for benefit payments after July 26, 1996, must be made by electronic funds transfer (EFT). This requirement cannot be waived by VA unless you certify that you do not have an account with a financial institution or an authorized payment agent. VA payments to you will be made by EFT unless you certify that you do not have an account with a financial institution or an authorized payment agent. Please attach a voided personal check or deposit slip or provide all of the following information:

25. ACCOUNT NUMBER - PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE THE ACCOUNT NUMBER, IF APPLICABLE

CHECKING       SAVINGS       I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR A CERTIFIED PAYMENT AGENT

ACCOUNT NUMBER \_\_\_\_\_

26. NAME OF FINANCIAL INSTITUTION

27. ROUTING OR TRANSIT NUMBER

**CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION - I CERTIFY THAT** the foregoing statements are true and complete to the best of my knowledge and belief. I CONSENT THAT any physician, surgeon, dentist, or hospital that has treated or examined me for any purpose, or that I have consulted professionally, may furnish to the DEPARTMENT OF VETERANS AFFAIRS any information about myself, and I waive any privilege which renders such information confidential.

28A. DAYTIME TELEPHONE NUMBER (Including Area Code)

28B. EVENING TELEPHONE NUMBER (Including Area Code)

29. DATE SIGNED

30. SIGNATURE OF CLAIMANT

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

*NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known. The signatures and printed names and addresses of the witnesses must be shown.*

31A. SIGNATURE AND PRINTED NAME OF WITNESS

31B. ADDRESS OF WITNESS

32A. SIGNATURE AND PRINTED NAME OF WITNESS

32B. 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.*