



APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION BY PARENT(S)
(INCLUDING ACCRUED BENEFITS AND DEATH COMPENSATION WHEN APPLICABLE)
VA FORM 21-535

A. QUESTIONS? GET FREE INFORMATION: If you have any questions about this form, how to fill it out, or need information about other Department of Veterans Affairs (VA) benefits, call us:

VA NATIONWIDE TOLL-FREE NUMBER

1-800-827-1000

(HEARING IMPAIRED - TDD 1-800-829-4833)

B. YOU SHOULD USE THIS FORM TO:

- (1) Apply for VA benefits you may be entitled to receive as surviving parent or parents of a deceased veteran.
- (2) Apply for any money VA owes the veteran

NOTE: If you apply for any of these benefits, the law requires we also consider you for the others.

C. SOCIAL SECURITY BENEFITS: You can apply for Social Security benefits by using the SSA-24 attached to this VA Form. (See Pages A-1 and A-2). You do not have to apply if you do not want to or if you already have. If you do want to apply, fill it out and leave it attached. We will send it to the Social Security Administration. They will contact you.

D. WHEN YOU HAVE COMPLETED THIS FORM. Mail it or take it to a VA Regional office.

E. REGIONAL OFFICE ADDRESS. You should call the VA toll-free number, 1-800-827-1000, for the address or location of the nearest Regional Office. You might find that office's address in the blue pages of your telephone book. It may be under "United States Government, Veterans Affairs."

IMPORTANT

F. PLEASE FOLLOW THE DETAILED INSTRUCTIONS. They begin on page ii.

G. PRINT ALL ANSWERS CLEARLY. If you must write the answers, do so very clearly and plainly. If an answer is "None" or "0", write that. YOUR ANSWER TO EVERY QUESTION IS IMPORTANT to help us complete your claim.

H. YOU MUST SIGN AND DATE this application at the bottom of page 3.

I. MAKE A PHOTOCOPY OF THIS APPLICATION for your records before you mail it. Keep this and all other separate instruction pages.

INSTRUCTIONS FOR VA FORM 21-535

READ VERY CAREFULLY, DETACH, AND RETAIN THESE INSTRUCTION SHEETS FOR YOUR REFERENCE. PLEASE CALL VA AT 1-800-827-1000 FOR FREE HELP WITH THIS FORM (HEARING IMPAIRED TDD 1-800-829-4833)

A. PAYMENT OF BENEFITS - GENERAL

1. DEPENDENCY AND INDEMNITY COMPENSATION. Dependency and Indemnity Compensation may be payable when the veteran dies (a) from disease or injury incurred or aggravated in line of duty while on active duty or active duty for training, or (b) from injury incurred or aggravated in line of duty while on inactive duty training, or (c) from disability compensable under laws administered by the Department of Veterans Affairs.

2. ADDITIONAL BENEFIT FOR SEVERELY DISABLED PARENTS. An additional amount is payable each month to a parent who is a patient in a nursing home or who is otherwise determined to be in need of regular aid and attendance of another person.

B. PHILIPPINE SERVICE CASES. In cases involving service in the Commonwealth Army of the Philippines or where a veteran enlisted as a guerilla or in the Philippine Scouts under section 14, Public Law 190, 79th Congress, the amount of the parent's annual income and the rates of Dependency and Indemnity Compensation will be computed at a rate equivalent to \$.50 for each dollar payable.

C. FOREIGN CURRENCY EXCHANGE RATES. If you report income in foreign currency, we will convert it into dollars based on exchange rate information provided by the Department of the Treasury.

D. SOCIAL SECURITY NUMBERS. The father or mother completing this form should enter his or her Social Security number in Item 3D or Item 4D, as appropriate. The Social Security number of his or her spouse should be shown in the remaining box. The Social Security number of the deceased veteran should be entered in Item 6.

E. INCOME TO BE REPORTED. Report all income received including wages, interest and dividends. Also report the "source" of income. "Wages," "Old age and survivors insurance," etc. In reporting wages or salary, report gross income and not "take-home" pay. Do NOT deduct amounts withheld under a retirement act or plan or amounts withheld from income tax. If room, board or goods are received as part of your employment, report this fact and give the approximate value thereof. (NOTE: If application is filed "As Guardian" or "As Custodian" of the parent, do not report your own income. Only report the income of the parent named on the application form.)

IMPORTANT

YOU MUST SHOW ALL TYPES OF PAYMENTS FROM ALL SOURCES FOR YOURSELF AND SPOUSE BEFORE ANY DEDUCTION OR WITHHOLDING. UNDER 38 CFR 3.251(B) PAYMENTS OF ANY KIND FROM ANY SOURCE SHALL BE COUNTED AS INCOME UNLESS SPECIFICALLY EXCLUDED BY LAW. VA 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 25A THROUGH 26D). IF INCOME FROM ANY SOURCE IS ANTICIPATED, BUT THE AMOUNT IS NOT YET DETERMINED, WRITE "UNKNOWN" IN THE APPROPRIATE BLOCK. ATTACH SEPARATE SHEETS IF ADDITIONAL SPACE IS NEEDED.

F. FAMILY MEDICAL EXPENSES. These are amounts actually paid by you for which you are not reimbursed by insurance or otherwise. We can reduce your income for VA purposes and increase your rate of Dependency and Indemnity Compensation if your medical expenses qualify for exclusion under the formula provided by law. You should keep a record of all medical expenses you pay after you become entitled to Dependency and Indemnity Compensation and report them at the end of the calendar year. Normally, an adjustment for medical expenses is made at the end of the 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 33, "Remarks," and it may be possible to increase your rate without waiting until the end of the year.

G. REPRESENTATION - ORGANIZATIONS AND ATTORNEYS. You may be represented, without charge, by an accredited representative of a veterans organization or other service organization recognized by the Secretary of the Department of Veterans Affairs. You may also be represented by an agent or attorney, for example, an attorney in private practice or a legal aid attorney; however, under 38 U.S.C. 5904(c), an agent or attorney is allowed to charge only for services performed after you receive a final decision by the Board of Veterans Appeals. 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 on your part is required.

H. HOW TO COMPLETE THE APPLICATION FORM. All information requested in this application must be furnished and the questions must be answered fully and clearly. For additional space, use Item 33, "Remarks, " or attach a separate sheet, indicating the item number to which the answers apply.

I. INCOMPETENTS. If the person for whom the claim is being made is incompetent, the application should be filed by the legal guardian or, if no legal guardian has been appointed, it may be completed and filed by some person acting on behalf of the incompetent.

J. EVIDENCE - GENERAL. If you are unable to furnish with this application form any of the required evidence listed below, state why you are unable on a separate sheet. Evidence filed previously with the Department of Veterans Affairs need not be filed in connection with this claim.

K. EVIDENCE - NEED FOR AID AND ATTENDANCE. A statement from your doctor showing the extent of your disabilities should be furnished with your application if you require the aid and attendance of another person but are not a patient in a nursing home. 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 33, "Remarks," that you are a nursing home patient and give the name and address of the facility.

L. PROOF OF RELATIONSHIP OF NATURAL OR ADOPTIVE MOTHER OR FATHER. A copy of the record of birth or church record of baptism showing the date of birth of the veteran and names of the parents should be furnished. If neither of the records mentioned is obtainable, it is not necessary to establish one for the purpose of this claim. Instead, you should submit the affidavit of the attending physician or midwife or the affidavits of two persons who have personal knowledge of the facts to which he or she testifies. If the veteran was an adopted child, a copy of the court order of adoption should be furnished.

M. FOSTER MOTHER OR FATHER (Persons, including stepparents, who stood in the relationship of parent to the veteran). If the claimant is not the natural or adoptive parent of the veteran but was the last person who stood in the relationship of parent to the veteran during his or her minority for a period of not less than 1 year prior to his or her entrance into the active military or naval service, the claimant will be requested to complete VA Form 21-524, Statement of Person Claiming to Have Stood in Relation of Parent, which will be furnished upon receipt of the application.

N. PROOF OF DEATH AND SERVICE. Death of a veteran in active service of the Army, Navy, Air Force, Marine Corps or Coast Guard, or in a U.S. Government Institution does not need to be proved by a claimant. Otherwise, the claimant should forward a copy of the public record of death or a copy of a coroner's report of death or a verdict of a coroner's jury.

If proof of death is required and the veteran never filed a claim with the Department of Veterans Affairs, you should also furnish a copy of the separation document for each period of service listed in Part I. If you do not have this document, we will obtain a copy.

PRIVACY ACT INFORMATION. Payment of death benefits cannot be made unless the information requested is furnished as required by existing law (38 U.S.C. 5701). The information requested by this form is considered relevant and necessary to determine maximum benefits provided under law. The information submitted 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.

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.

Disclosure of Social Security numbers of those for whom compensation or pension benefits are claimed is mandatory as a condition for receipt of these benefits under the authority of Title 38, U.S.C. 5101(c). Social Security numbers will be used in the administration of veteran's benefits, in the identification of veterans or persons claiming or receiving Department of Veterans Affairs benefits and their records, and may be used to verify Social Security benefit entitlement (including amounts payable) with the Social Security Administration and for other purposes where authorized by both Title 38, U.S.C. and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by another statute. Income information is subject to verification by means of 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 burden for this collection of information is estimated to average 1 hour and 12 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.



(DO NOT WRITE IN THIS SPACE)
 (VA DATE STAMP)

APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION BY PARENT(S)

(Including accrued benefits and death compensation, when applicable)

Important: Read instructions before completing form. Answer all items fully.

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN				2. VA FILE NUMBER XC	
ITEM NO.	RELATIONSHIP OF CLAIMANT (Check) (A)	FULL NAME OF CLAIMANT (B)	DATE OF BIRTH (C)	SOCIAL SECURITY NUMBER (D)	
3					
4					
5A. MAILING ADDRESS OF CLAIMANT(S) (Include No. and street or rural route, City or P.O. State and ZIP Code)			5B. TELEPHONE NUMBER (Include Area Code)		
			DAYTIME	EVENING	

PART I - INFORMATION RELATING TO VETERAN

6. SOCIAL SECURITY NUMBER OF VETERAN	7. IF VETERAN PREVIOUSLY APPLIED TO VA FOR ANY BENEFIT, INSERT VA FILE NUMBER, IF KNOWN	
8. DATE OF BIRTH	9. DATE OF DEATH	10. PLACE OF DEATH

NOTE: The following information should be furnished for each period of the veteran's active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States or service as a commissioned officer in the National Oceanic and Atmospheric Administration, including officers of the Coast and Geodetic Survey and Environmental Science Services Administration or Public Health Service.

11A. ENTERED ACTIVE SERVICE		11B. SERVICE NUMBER	11C. SEPARATED FROM ACTIVE SERVICE		11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	

12. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME, BRANCH OF SERVICE AND SERVICE DATES

PART II - INFORMATION RELATING TO PARENTS OF VETERAN

13. NAME OF MOTHER	14. NAME OF FATHER
15. NAME OF FOSTER MOTHER (If none, write "NONE")	16. NAME OF FOSTER FATHER (If none, write "NONE")

17A. NAME(S) OF DECEASED PERSON(S) NAMED IN ITEMS 13 THRU 16 (If any, complete Item 17B)	17B. DATE(S) OF DEATH
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18. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE THE VETERAN REACHED THE AGE OF MAJORITY? YES NO (If "No," complete Items 19, 20 and 21)	19. DATES OF PARENTAL CONTROL	
	A. BEGAN	B. ENDED

20. REASON VETERAN WAS NOT A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE THE VETERAN REACHED THE AGE OF MAJORITY (Explain fully)

21. NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PARENTAL CONTROL OVER VETERAN AFTER DATE SHOWN IN ITEM 19B

IMPORTANT - YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 3.

PART III - INFORMATION RELATING TO CLAIMANT(S)

22. CLAIMANT MARITAL STATUS

A. MARITAL STATUS *(Check one)*

MARRIED - LIVING WITH OTHER PARENT OF VETERAN

MARRIED - LIVING WITH SPOUSE, WHO IS NOT OTHER PARENT OF VETERAN

SEPARATED - YOU ARE MARRIED, BUT NOT LIVING WITH SPOUSE
(If checked, complete Items 22B and 22C)

NOT MARRIED - NEVER MARRIED, DIVORCED OR WIDOWED
(If divorced, complete Item 22D. If widowed, complete Item 22E)

B. DATE OF SEPARATION *(Mo., Yr.)*

C. REASON FOR SEPARATION

D. DATE DIVORCED

E. DATE WIDOWED

23. HAVE YOU FILED A CLAIM FOR COMPENSATION FROM THE OFFICE OF WORKERS' COMPENSATION PROGRAMS BECAUSE OF THE VETERAN?
 YES NO

24. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION OR OTHER RETIREMENT PROGRAM?
 YES NO

**25. GROSS MONTHLY INCOME, BY SOURCE, INCLUDING ANY MONTHLY DEDUCTIONS FOR TAXES, INSURANCE, MEDICARE, ETC.
(If you received no income from a particular source, write "NONE" or "0")**

SOURCE	PARENT	SPOUSE (If living together)	BEGINNING DATE (Mo., Yr.)
A. SOCIAL SECURITY	\$	\$	
B. U.S. CIVIL SERVICE			
C. U.S. RAILROAD RETIREMENT			
D. MILITARY BENEFITS			
E. BLACK LUNG BENEFITS			
F. SSI/PUBLIC ASSISTANCE			
G. ALL OTHER MONTHLY INCOME <i>(Specify source - Give name and address)</i>			

**26. ANNUAL INCOME BY CALENDAR YEAR, INCLUDING ONE - TIME INCOME AND ANY DEDUCTIONS
(If none, write "NONE" or "0")**

IMPORTANT - Read carefully paragraph E of instructions before answering questions. All items required to be filled in must be answered fully and completely.	INCOME RECEIVED - Include income received from January 1 to date of veteran's death or if claim is filed more than a year after the veteran died, income received from January 1 to date you signed this application.		INCOME EXPECTED - Include income expected from date of veteran's death to December 31 of that year, or, if claim is filed more than a year after the veteran died, income expected from the date you signed this application to December 31 of the same year.		INCOME EXPECTED FOR NEXT CALENDAR YEAR - If unable to state exact amounts, give approximate amounts expected.	
	SOURCE	PARENT	SPOUSE	PARENT	SPOUSE	SOURCE
A. EARNINGS	\$	\$	\$	\$	\$	\$
B. DIVIDENDS, INTEREST, ETC.						
C. LIFE INSURANCE						
D. ALL OTHER INCOME <i>(Specify source, explain in Item 33, Remarks)</i>						

27. DEDUCTIBLE EXPENSES - ANY UNREIMBURSED EXPENSES OF THE VETERAN'S LAST ILLNESS AND BURIAL PAID BY YOU.

A. NAME AND ADDRESS OF PERSON TO WHOM PAID	B. TOTAL AMT. OF EXPENSE	C. NATURE OF EXPENSE	D. DATE PAID	E. AMOUNT PAID BY YOU
	\$			\$

IMPORTANT - YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 3.

SOCIAL SECURITY ADMINISTRATION	SOCIAL SECURITY ADMINISTRATION APPLICATION FOR SURVIVORS BENEFITS (PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT) IMPORTANT -Read instructions before completing form. Detach and retain ONLY the instruction sheet			(DO NOT WRITE IN THIS SPACE) VA DATE STAMP
	1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN		2. DATE OF DEATH	
NOTE: If the veteran's Social Security No. is unknown, complete Items 4, 5, 6 and 7 about veteran.				
3. SOCIAL SECURITY NO. OF VETERAN	4. DATE OF BIRTH	5. PLACE OF BIRTH		
6. NAME OF FATHER	7. MAIDEN NAME OF MOTHER		8. DID THE VETERAN WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER 1936? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NOTE: The following information should be furnished for each period of the veteran's active service (regular or reserves) after September 7, 1939, in the military service of the United States or service as a commissioned officer in the Public Health Service or the National Oceanic and Atmospheric Administration or during WWII, Philippine or Filipino or Allied country military service. If additional space is needed, attach a separate sheet.				
9A. DATE ENTERED ACTIVE SERVICE	9B. SERVICE NO.	9C. DATE SEPARATED FROM ACTIVE SERVICE	9D. GRADE, RANK, OR RATING, ORGANIZATION AND BRANCH OF SERVICE	
10. RELATIONSHIP OF APPLICANT TO VETERAN		11. DATE OF BIRTH OF APPLICANT	12. VA FILE NO.	
CHILDREN: Show names of surviving children (including natural children, adopted children, and stepchildren) or dependent grandchildren (including stepgrand-children) who at any time since the veteran died, were unmarried and (a) under age 18; (b) age 18 to 19 and attending secondary school; (c) disabled or handicapped (18 or over and disability began before age 22).				
13A.		13B.		
13C.		13D.		
I know that anyone who makes or causes to be made a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment, or both. I affirm that all information I have given in this document is true.				
14. DATE (Month, day, year)	15. SIGNATURE OF APPLICANT (First name, middle initial, last name) (Sign in ink) SIGN HERE			
16. MAILING ADDRESS OF APPLICANT (No. and street or rural route, city or P.O., State and ZIP Code)			17. TELEPHONE NO. (Include Area Code)	
WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE				
18A. SIGNATURE OF WITNESS		18B. ADDRESS OF WITNESS (No. and street, city, State and ZIP Code)		
19A. SIGNATURE OF WITNESS		19B. ADDRESS OF WITNESS (No. and street, city, State and ZIP Code)		
ITEMS BELOW TO BE COMPLETED BY THE DEPARTMENT OF VETERANS AFFAIRS (Use reverse for "Remarks")				
20. PROOFS RECEIVED		21. PROOFS REQUESTED FROM CLAIMANT OR OTHER (Specify)		
<input type="checkbox"/> DEATH	<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> DEATH	<input type="checkbox"/> MARRIAGE	
<input type="checkbox"/> AGE	_____ (NAME)	<input type="checkbox"/> AGE	_____ (NAME)	
<input type="checkbox"/> OTHER (Specify)	_____ (NAME)	<input type="checkbox"/> OTHER (Specify)	_____ (NAME)	
	_____ (NAME)		_____ (NAME)	
22. DATE	23. NAME AND ADDRESS OF TRANSMITTING VA OFFICE			

**IMPORTANT: PLEASE READ THE FOLLOWING BEFORE YOU COMPLETE THE SSA-24.
INSTRUCTIONS FOR COMPLETING FORM SSA-24, APPLICATION FOR SURVIVORS
BENEFITS (Payable Under Title II of the Social Security Act)**

This application form, SSA-24, is an Application for Survivors Benefits Payable under Title II of the Social Security Act, as amended. Under authority of section 202(o) of the Social Security Act the application requests information in order to determine eligibility to social security benefits.

You do not have to complete this application; there are no penalties under the law if you do not complete part or all of the SSA-24. However, it is usually to your advantage to provide the information because not providing it could prevent an accurate and timely decision on your claim or could result in the loss of some benefits or insurance coverage.

If you do wish to supply the information requested on the SSA-24, this information will be forwarded to the Social Security Administration and used by them to determine whether social security benefits may be payable to surviving dependent(s) of the veteran. Social Security will then contact you regarding any social security benefits payable based on information given on this form.

Please understand that Social Security may, in certain instances, disclose the information on this form to another Federal, State or local agency or individual without your written consent. This would be done in order to:

enable a third party or an agency to assist Social Security in establishing an individual's right to benefits or coverage;

comply with Federal laws which require or authorize the release of information from social security records; and

facilitate statistical research and audit activities necessary to assure the integrity and improvement of the social security programs.

If you should have any question about entitlement to social security benefits or the information you have provided on this form, please contact your local social security office.

Complete each item of the attached application, Form SSA-24, (except the Items 20 through 23). When signed and dated the form **SHOULD BE LEFT ATTACHED** to your completed VA Form 21-535, Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable).