



REQUEST FOR DETAILS OF EXPENSES

INSTRUCTIONS - We need additional information to determine whether you are entitled to benefits. Please complete all applicable items in the sections(s) identified by our letter or by a () and return this form to the VA Office in your area. If not completed, enter the name of the veteran and VA file number in Items 2 and 3. If additional space is required, use Item 12, "Remarks," and identify each answer by item number.

1. NAME AND ADDRESS OF CLAIMANT

2. NAME OF VETERAN (First-middle-last)

3. VA FILE NUMBER

(Check)

SECTION I - DEPENDENTS NOT LIVING WITH YOU
(List ONLY persons you support who DO NOT live with you)

4A. NAME	4B. AGE	4C. RELATIONSHIP	4D. AMOUNT YOU CONTRIBUTE TO SUPPORT
			\$
			\$
			\$
			\$
			\$

(Check)

SECTION II - DEPENDENTS LIVING WITH YOU
(List ONLY persons you support who DO live with you)

5A. NAME	5B. AGE	5C. RELATIONSHIP

(Check)

SECTION III - MONTHLY EXPENSES (EXCEPT MEDICAL) FOR YOU AND THOSE LISTED ABOVE AS LIVING WITH YOU

6A. ITEM	6B. AMOUNT	6A. ITEM (Cont'd)	6B. AMOUNT (Cont'd)
HOUSING	\$	UTILITIES	\$
FOOD	\$	EDUCATION OF CHILDREN	\$
TAXES	\$	OTHER <i>(Specify)</i>	\$
INTEREST	\$		\$
CLOTHING	\$		\$

