OMB Control No. 2900-0510
Respondent Burden: 45 Mins.

Department of Veterans Affairs

APPLICATION FOR EXCLUSION OF CHILDREN'S INCOME

PRIVACY ACT INFORMATION: The VA will not diclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond to obtain or retain benefits. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine whether we can exclude all or part of your children's income on the basis of hardship (38 U.S.C. 1521 and 38 U.S.C. 1541). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

IMPORTANT: VA can exclude all or some of your children's income in computing your rate of pension if counting the children's income would cause hardship or if this income is unavailable to you. Please fully complete this form if you wish to claim the exclusion.

1. FIRST, MIDDLE, LAST NAME OF VETERAN	2. VA FILE NUMBER
3. NAME OF CLAIMANT *(If other than veteran)*	4. VETERAN'S SOCIAL SECURITY NUMBER

5. ADDRESS OF CLAIMANT *(No. and street or rural route, City or P. O., State, and ZIP Code)*

ITEMS	CHILD'S NAME	CHILD'S NAME	CHILD'S NAME	CHILD'S NAME
6. CHILD'S DATE OF BIRTH				
7. CHILD'S SOCIAL SECURITY NUMBER				
8. IS ALL OF THIS CHILD'S INCOME REASONABLY AVAILABLE TO YOU? *(If "No," complete Items 9 thru 13. If "Yes," skip to Item 14)*	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
9. DESCRIBE THE SPECIFIC INCOME WHICH IS NOT AVAILABLE TO YOU *(For example, Social Security, wages, etc.)*				
10. NAME OF PAYEE OF THE INCOME DESCRIBED IN ITEM 9? *(Whose name appears on the check?)*				
11. DOES THE PERSON NAMED IN ITEM 10 RESIDE IN YOUR HOUSEHOLD ALL YEAR? *(If "No," complete Item 12. If "Yes," skip to Item 13)*	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
12. HOW MANY MONTHS DID THE PERSON NAMED IN ITEM 10 RESIDE IN YOUR HOUSEHOLD DURING THE 12 MONTHS PRECEDING THE DATE YOU ARE SIGNING THIS FORM?				
13. USE THIS SPACE TO FURNISH ANY OTHER INFORMATION AS TO WHY YOU FEEL THIS CHILD'S INCOME IS NOT REASONABLY AVAILABLE TO YOU *(If you need more space, use Item 17)*				

EXISTING STOCKS OF VA FORM 21-0571, OCT 2001, WILL BE USED.

(Continued on Reverse)

14. AVERAGE MONTHLY EXPENSES FOR YOUR HOUSEHOLD

IMPORTANT: Use the space below to report your average monthly household expenditures. The figures you report should reflect your expenses for the 12 months preceding the date you sign this form. Do not report medical expenses on this form. Report medical expenses on your Eligibility Verification Report (EVR). VA will mail you an Eligibility Verification Report annually. If more space is needed to show expenses, use Item 17, Remarks.

ITEM NO.	AVERAGE MONTHLY EXPENSE	AMOUNT	ITEM NO.	AVERAGE MONTHLY EXPENSE	AMOUNT
A	RENT OR MORTGAGE PAYMENTS		J	FURNITURE AND HOUSEHOLD GOODS	
B	FOOD		K	INTEREST PAYMENTS	
C	UTILITIES AND HEAT			OTHER LIVING EXPENSES *(Specify)*	
D	TELEPHONE		L		
E	OPERATION OF AUTOMOBILE		M		
F	PUBLIC TRANSPORTATION		N		
G	CLOTHING		O		
H	TAXES		P		
I	INSURANCE *(Specify type. If more than one, furnish amount paid for each)*		Q		
			R		

15. DO YOU EXPECT THAT THE LEVEL OF HOUSEHOLD EXPENSES SHOWN IN ITEM 14 WILL CHANGE SIGNIFICANTLY DURING THE NEXT 12 MONTHS?

☐ YES ☐ NO *(If "Yes," explain fully in Item 17)*

16. HAS THERE BEEN ANY CHANGE IN THE INCOME OF ANY MEMBER OF YOUR HOUSEHOLD SINCE THE LAST TIME YOU REPORTED YOUR INCOME TO VA? *(Do not report Social Security or VA cost-of-living adjustments)*

☐ YES ☐ NO *(If "Yes," explain fully in Item 17)*

17. REMARKS *(If you need more space, attach a continuation sheet)*

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

18A. SIGNATURE OF CLAIMANT	18B. DATE

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.