OMB Approved No. 2900-0095
Respondent Burden: 30 minutes

Department of Veterans Affairs

PENSION CLAIM QUESTIONNAIRE FOR FARM INCOME

1. VA FILE NUMBER
C/SS-

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 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, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). 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. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine eligibility for disability pension under 38 U.S.C. 1521, death pension under 38 U.S.C. 1521, death pension under 38 U.S.C. 1315, or death compensation under 38 U.S.C. 1121. We estimate that you will need an average 30 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 http:www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INSTRUCTIONS: Before further action can be taken on your claim, 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 *(Except dwellings)*					
CASH RENT					
PROPERTY TAXES					
INSURANCE ON PROPERTY					
INTEREST ON MORTGAGE AND OTHER LOANS *(Not payment on principal)*			TOTAL EXPENSES	*(Cols. B and E)* $	*(Cols. C and F)* $

EXISTING STOCKS OF VA FORM 21-4165, APR 2004, WILL BE USED.

8A. TOTAL ACREAGE OWNED BY YOU	8B. ACREAGE RENTED TO OTHERS	8C. ACREAGE RENTED FROM OTHERS	8D. TOTAL ACREAGE OPERATED BY YOU

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.