OMB Approved No. 2900-0138
Respondent Burden: 15 minutes

Department of Veterans Affairs

REQUEST FOR DETAILS OF EXPENSES

INSTRUCTIONS - We need additional information to determine whether you are entitled to benefits. Please complete all items. If an answer is "none" or "0" write that. For additional space, use Item 12, "Remarks," or attach a separate sheet indicating the item number to which the answers apply. If you have any questions or need assistance, please call 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833).

1. NAME AND ADDRESS OF CLAIMANT

2. NAME OF VETERAN *(First-middle-last)*	3. VA FILE NUMBER

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
			$
			$
			$
			$
			$

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

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

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 *(Specify)*	$
INTEREST	$		$
CLOTHING	$		$

SUPERSEDES VA FORM 21-8049, AUG 1994, WHICH WILL NOT BE USED.

SECTION IV - HOSPITAL AND MEDICAL EXPENSES

7A. DO YOU HAVE OR EXPECT TO HAVE ANY LARGE OR UNUSUAL HOSPITAL OR MEDICAL EXPENSES FOR YOURSELF AND OTHERS YOU SUPPORT AND LIVE WITH? ☐ YES ☐ NO	7B. ESTIMATED COST PER YEAR $

7C. EXPLANATION

SECTION V - EDUCATIONAL EXPENSES

8. DO YOU EXPECT TO MAKE PROVISIONS FOR YOUR CHILDREN'S EDUCATIONAL NEEDS, INCLUDING ADVANCED TECHNICAL OR COLLEGE EDUCATION?

☐ YES ☐ NO

SECTION VI EXPENSES OF LAST ILLNESS AND BURIAL OF VETERANS, SPOUSE, OR CHILD AND JUST DEBTS OF DECEASED VETERAN OR PARENT'S SPOUSE

9A. NAME OF DECEASED PERSON (*First-middle-last*)	9B. RELATIONSHIP TO YOU ☐ WIFE ☐ HUSBAND ☐ CHILD	9C. DATE OF DEATH

EXPENDITURES FOR ABOVE-NAMED PERSON

NOTE - Furnish information concerning unreimbursed expense as follows:

A VETERAN - For his/her spouse's or child's last illness and burial.

A CHILD - For veteran's last illness, burial and just debt.

A PARENT - For his/her spouse's or veteran's last illness and burial and for his/her spouse's just debt.

A SPOUSE - For the last illness and burial of veteran's child.

A WIDOW(ER) - For veteran's last illness, (paid before or after the veteran's death), burial and just debt and for the last illness and burial of veteran's child.

10A. NAME AND ADDRESS OF PERSON TO WHOM PAID	10B. NATURE OF EXPENSES OR DEBT	10C. TOTAL AMOUNT OF EXPENSE OR DEBT	10D. AMOUNT PAID BY YOU	10E. DATE PAID
		$	$	
		$	$	
		$	$	
		$	$	

SECTION VII - COMMERCIAL LIFE PAYMENTS

	PAYMENTS	AMOUNT
11A.	TOTAL RECEIVED OR EXPECTED BY CLAIMANT	$
11B.	EXPECTED OR ACTUAL DATE OF RECEIPT *(If paid by installments, explain payment schedule in Item 12, Remarks)*	

12. REMARKS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission or any statement or evidence of a material fact, knowing it to be false.

I CERTIFY THAT the foregoing statement(s) are true and correct to the best of my knowledge and belief.

13. SIGNATURE OF CLAIMANT *(Do not print, sign in ink)*	14. DATE	15. TELEPHONE NUMBER(S) (*Include Area Code)*	
		A. DAYTIME	B. EVENING

Privacy Act Notice: The 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 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 is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine entitlement to benefits. 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.

Important Notice About Information Collection: We need this information to determine entitlement to pension or parent's dependency and indemnity compensation (38 U.S.C. 1503 and 1315). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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/OMNINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.