Department of Veterans Affairs

VA Form 21-526, Part D: Pension

Use this form to apply for pension. Remember that you must also fill out a VA Form 21-526, Part A: General Information, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 4.

SECTION I Tell us about your disability and background

Complete this section if you are claiming pension because of permanent and total disability not caused by your military service.

Attach current medical evidence showing that you are permanently and totally disabled.

1a. What disability(ies) prevent you from working?

1b. When did the disability(ies) begin?

____/____/____
month day year

2. Are you claiming a special monthly pension because you need the regular assistance of another person, are blind, nearly blind, or having severe visual problems, or are housebound?

☐ Yes ☐ No

3a. Are you now, or have you recently been hospitalized or given outpatient or home-based care?

☐ Yes ☐ No

*(If "Yes," answer Items **3b** and **3c** also)*

3b. Tell us the dates of the recent hospitalization or care

Began ____/____/____
month day year

Ended ____/____/____
month day year

3c. What is the name and complete mailing address of the facility or doctor?

4a. Are you now employed?

☐ Yes ☐ No

*(If "No," answer Item **4b** also)*

4b. When did you last work?

____/____/____
month day year

4c. Were you self-employed before becoming totally disabled?

☐ Yes ☐ No

*(If "Yes," answer Item **4d** and **4e** also)*

4d. What kind of work did you do?

4e. Are you still self-employed?

☐ Yes ☐ No

*(If "Yes," answer Item **4f** also)*

4f. What kind of work do you do now?

4g. Have you claimed or are you receiving disability benefits from the Social Security Administration (SSA)?

☐ Yes ☐ No

4h. Circle the highest year of education you completed:

Grade school
1 2 3 4 5 6 7 8 9 10 11 12

College
1 2 3 4 over 4

4i. List the other training or experience you have and any certificates that you hold.

_____

_____

_____

_____

SECTION II Tell us your work history

In the table below, tell us about all of your employment, including self-employment, for one year before you became disabled to the present.

5a. What was the name and address of your employer?	**5b.** What was your job title?	**5c.** When did your work begin?	**5d.** When did your work end?	**5e.** How many days were lost due to disability?	**5f.** What were your total annual earnings?
		___/___/___ *mo day yr*	___/___/___ *mo day yr*		**$** .
		___/___/___ *mo day yr*	___/___/___ *mo day yr*		**$** .
		___/___/___ *mo day yr*	___/___/___ *mo day yr*		**$** .

SECTION III Tell us if you are in a nursing home

In this section, tell us if you are in a nursing home. If you are in a nursing home, give us more information about the nursing home.

To get your claim processed faster, provide a statement by an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental disability and tells us the daily charge for your care.

6a. Are you now in a nursing home?

☐ Yes ☐ No

*(If "yes," answer Item **6b** also)*

6b. What is the name and complete mailing address of the facility or doctor?

6c. Does Medicaid cover all or part of your nursing home costs?

☐ Yes ☐ No

*(If "no," answer Item **6d** also)*

6d. Have you applied for Medicaid?

☐ Yes ☐ No

SECTION IV Tell us the net worth of you and your dependents

In this section, we ask you to give us specific information about your net worth and the net worth of your dependents. You will need to enter this information in the tables on page 3.

You must include all assets in your **net worth** except those items you use everyday (See definition of net worth below.)
You should subtract from the **market value** of your real estate any amounts that you owe on it (such as mortgages, liens, etc.)
You can subtract mortgages on any property, and the value of the house or part of a building that you live in as your primary residence.
You can report farms or buildings that you or a dependent own by reporting its value as "real property."

*VA cannot pay you pension if your **net worth** is sizeable.*

Definitions:
Net worth is the market value of all interest and rights in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture.

Go to Page 3 and fill out the table.

SECTION IV (Continued)

Tell us about your net worth and your dependents' net worth.

For items 7a-h: provide the amounts. If none, write "0" or "None"

Source	Veteran	Spouse	Children		
			I. Name:	II. Name:	III. Name:
7a. Cash, non-interest bearing bank accounts					
7b. Interest bearing bank accounts,certificates of deposit (CDs)					
7c. IRAs, Keogh Plans, etc.					
7d. Stocks and bonds					
7e. Mutual funds					
7f. Value of business assets					
7g. Real property (not your home)					
7h. All other property					

SECTION V Tell us about the income you have received and you expect to receive

In this section, we ask you to give us specific information about the income you have received and the income you expect to receive from all sources. You will need to enter this information in the tables on Page 4. In these tables,

Report the total amounts before you take out deductions for taxes, insurance, etc.
Do not report the same information in both tables.
If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space.
If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space.
If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

Payments from any source will be counted, unless the law says that they don't need to be counted. VA will determine any amount that does not count.

8. Will you receive any income from rental property or from operation of a business within 12 months of the day you sign this form?

☐ Yes ☐ No

9. Will you receive any income from the operation of a farm within 12 months of the day you sign this form?

☐ Yes ☐ No

10. Do you expect to receive money from a civilian agency, corporation, or individual, because of personal injury or death within 12 months of the day you sign this form?

☐ Yes ☐ No

SECTION V (Continued) Monthly Income - Tell us the income you and your dependents receive every month.

*For Items **11a-12f** if none write "0" or "None"*

Sources of recurring monthly income	Veteran	Spouse	Children		
			I. Name:	II. Name:	III. Name:
11a. Social Security					
11b. U.S. Civil Service					
11c. U.S. Railroad Retirement					
11d. Military Retired Pay					
11e. Black Lung Benefits					
11f. Supplemental Security (SSI)/Public Assistance					
11g. Other income received monthly *Please write in the source below:*					

Next 12 months - Tell us about other income for you and your dependents

Sources of income for the next 12 months	Veteran	Spouse	Children		
			I. Name:	II. Name:	III. Name:
12a. Gross wages and salary					
12b. Total interest and dividends					
12c. Worker's compensation for injury					
12d. Unemployment compensation					
12e. Other military benefit *(Please write in the source below:)*					
12f. Other one-time benefit (*Please write in the source below:)*					

SECTION VI

IMPORTANT - Items 13A through 13E should be completed only if you are applying for nonservice-connected pension.

Tell us any information concerning, Medical, Legal or Other Expenses - Family medical expenses actually paid by you may be deductible from your income. Show the amount of unreimbursed medical expenses you paid for yourself or relatives you are under an obligation to support. Also, show medical, legal or other expenses you paid because of a disability for which civilian disability benefits have been awarded. When determining your income, we may be able to deduct them from the disability benefits for the year in which the expenses are paid. Do not include any expenses for which you were reimbursed. Show the Medicare deduction in line 1. If more space is needed attach a separate sheet.

13A. AMOUNT PAID BY YOU	**13B**. DATE PAID	**13C**. PURPOSE *(Doctor's fees, hospital charges, Attorney fees, etc.)*	**13D**. PAID TO *(Name of doctor, hospital, pharmacy, Attorney, etc.)*	**13E**. DISABILITY OR RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID

Your name	**Your Social Security Number**