

FIRST, MIDDLE, LAST NAME OF VETERAN
VETERAN'S SOCIAL SECURITY NUMBER
SOCIAL SECURITY NUMBER OF SURVIVING SPOUSE
NAME OF SURVIVING SPOUSE
MAILING ADDRESS OF SURVIVING SPOUSE <i>(Including No., Street or Rural Route, City or P.O., State and ZIP Code)</i>

 Department of Veterans Affairs	
SECTION 306 ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE)	
2S	
VA FILE NUMBER	
VA REGIONAL OFFICE RETURN ADDRESS	

IMPORTANT - Please read the enclosed EVR instructions (VA Form 21-0510) prior to completing this form.

1. MARITAL STATUS (Check one box)

(1) HAVE NOT REMARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death)

(2) REMARRIED ON _____ (Date) AND I AM STILL MARRIED (You married after the veteran's death and you are currently married.) Enter the date you married your current spouse.)

(3) REMARRIED AFTER VETERAN DIED BUT MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (Date) (You remarried but you are not currently married.) Show the date your latest marriage ended.)

2A. NUMBER OF UNMARRIED DEPENDENT CHILDREN *(See paragraph 1 of the EVR Instructions)*

_____ IN YOUR CUSTODY _____ NOT IN YOUR CUSTODY

(If there are children who are not in your custody please complete Item 2B)

2B. AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY

\$ _____

3A. ARE YOU A PATIENT IN A NURSING HOME? (If "YES," Complete Items 3B thru 3D)

YES NO

3B. SHOW THE DATE YOU ENTERED THE NURSING HOME

3D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?

YES NO

3C. ENTER THE NAME AND ADDRESS OF THE NURSING HOME - (Please include ZIP Code)

4. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE LAST 12 MONTHS?

YES NO

5. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?

YES NO *(If you checked "YES," write in the VA File number of the other benefit)* _____

REPORT OF INCOME AND NET WORTH

NOTE - If you have no income or net worth from a particular source, write "0" or line thru. DO NOT LEAVE ANY ITEMS BLANK.

6A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR instructions)		6B. SURVIVING SPOUSE'S NET WORTH	
SOURCE	GROSS MONTHLY AMOUNTS (Show the rate of the date of the EVR)	Report everything you own except personal automobiles, household effects, and the value of your home. If you own a farm or a building with more than one unit, you must report the value of the farm or building as "Real Property." However, you may deduct any mortgages and the value of the house or part of the building you actually occupy as your residence. If the answer is 'NONE,' enter "0" or line thru.	
SOCIAL SECURITY	\$		
U.S. CIVIL SERVICE		SOURCE	AMOUNT
U.S. RAILROAD RETIREMENT		CASH & NON-INTEREST BEARING BANK ACCOUNTS	\$
MILITARY RETIREMENT (Not VA Benefits)		INTEREST - BEARING BANK DEPOSITS	
BLACK LUNG BENEFITS		IRA'S, KEOGH PLANS, ETC.	
OTHER MONTHLY INCOME (Show Source)		STOCKS AND BONDS	
OTHER MONTHLY INCOME (Show Source)		MUTUAL FUNDS	
		VALUE OF BUSINESS ASSETS	
		REAL PROPERTY (Do not include your home)	
		ALL OTHER PROPERTY	

6C. ANNUAL INCOME (Read paragraphs 2 and 4 of the EVR Instructions)

NOTE - If no income was received from a particular source, write "0" or line thru. DO NOT LEAVE ANY ITEMS BLANK.

SOURCE	LAST YEAR	THIS YEAR	NEXT YEAR	NOTE: Be sure to report gross monthly and annual income. This means that you should report the amount of your income before deductions are taken out for taxes, retirement, Medicare or other insurance.
GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	
INTEREST AND DIVIDENDS				
ALL OTHER (Show Source)				
ALL OTHER (Show Source)				

6D. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income)

(1) YES (2) NO (If you answered "YES" to Item 6D, answer Items 6E, 6F, and 6G)

6E. WHAT INCOME CHANGED? (Show what income changed; for example, wages, city pension, etc.)	6F. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	6G. HOW DID INCOME CHANGE? (Explain what happened: for example, quit work, got raise, received inheritance)

7. FAMILY MEDICAL EXPENSES

NOTE: MOST BENEFICIARIES DO NOT HAVE TO COMPLETE THIS ITEM. (Carefully read paragraph 5 of the EVR instructions.)

AMOUNTS PAID BY YOU WITHOUT REIMBURSEMENT	DATE PAID (Month/Year)	PURPOSE FOR PAYMENT (Doctor, dentist, etc.)	PAID TO (Name of doctor, pharmacy etc.)	WHOSE EXPENSE (Self, child, etc.)
\$				

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 is false, or fraudulent acceptance of any payment to which you are not entitled.

8. SIGNATURE OF CLAIMANT, CUSTODIAN OR GUARDIAN (Read paragraph 6 of the EVR instructions before signing)	9. DATE	10. TELEPHONE NO(S). (Include Area Code)	
		A. DAYTIME	B. EVENING