

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	<b>Department of Veterans Affairs</b> <b>IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT</b> <b>(VETERAN WITH NO CHILDREN)</b> <span style="float: right; font-size: 2em; font-weight: bold;">6</span>
VETERAN'S SOCIAL SECURITY NUMBER	
SPOUSE'S SOCIAL SECURITY NUMBER	
ADDRESS OF VETERAN <i>(Include number and street or rural route, city or P. O., State and ZIP Code)</i>	
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 only one box)*

(1)  MARRIED-LIVING WITH SPOUSE (You are legally married and you live with your spouse or are separated only for medical reasons; for example, resident of a nursing home) Enter spouse's first name \_\_\_\_\_

(2)  MARRIED-NOT LIVING WITH SPOUSE (You are legally married but estranged from your spouse.) Show the amount you contributed to your spouse's support during the last 12 months \$ \_\_\_\_\_  
If you separated within the last 12 months, show the date of separation \_\_\_\_\_

(3)  NOT MARRIED (You have never married or are now divorced or widowed) If your marriage ended within the last 12 months, show the date of divorce or death \_\_\_\_\_

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

IN YOUR CUSTODY		NOT IN YOUR CUSTODY		AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY	\$	
-----------------	--	---------------------	--	--	----	--

3A. ARE YOU A PATIENT IN A NURSING HOME?

YES  NO *(If "Yes," Complete Items 3B thru 3E. If "No," go to Item 4)*

3B. SHOW THE DATE YOU ENTERED THE NURSING HOME	3C. ENTER THE NAME AND ADDRESS OF NURSING HOME <i>(Include Zip Code)</i>
3D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
3E. SHOW THE DATE YOUR MEDICAID COVERAGE STARTED	

4. DID YOU OR YOUR SPOUSE RECEIVE WAGES AT ANY TIME DURING THE PAST 12 MONTHS?

YES  NO

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

YES  NO *(If "Yes," write in the VA file number of the other benefit)* \_\_\_\_\_

**6. VETERANS' EDUCATION EXPENSES**

VA MAY BE ABLE TO ALLOW A DEDUCTION FROM COUNTABLE INCOME FOR A VETERAN'S EDUCATIONAL EXPENSES. SHOW AMOUNTS PAID DURING THE LAST 12 MONTHS. <b>DO NOT REPORT DEPENDENT'S EXPENSES.</b>	\$
---	----

**7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)**

GROSS MONTHLY AMOUNTS (If none, write "0" or line through)

SOURCE	VETERAN	SPOUSE
SOCIAL SECURITY (Not SSI)	\$	\$
U. S. CIVIL SERVICE		
U. S. RAILROAD RETIREMENT		
BLACK LUNG BENEFITS		
MILITARY RETIRED PAY		
OTHER RETIREMENT		
OTHER (Show Source)		
OTHER (Show Source)		

**7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)**

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

NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report current calendar year (Jan. thru Dec.) income in the left hand column and estimate next calendar year income in the right hand column.

SOURCE	VETERAN		SPOUSE	
	FROM: THRU:	FROM: THRU:	FROM: THRU:	FROM: THRU:
GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	\$
TOTAL INTEREST AND DIVIDENDS				
ALL OTHER (Show Source)				
ALL OTHER (Show Source)				

**7C. 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)

YES  NO (If you answered "Yes," to Item 7C, answer 7D, 7E, and 7F)

<b>7D. WHAT INCOME CHANGED?</b> (Show what income changed, for example, wages, city pension, etc.)	<b>7E. WHEN DID THE INCOME CHANGE?</b> (Show the dates you received any new income or the date income changed)	<b>7F. HOW DID INCOME CHANGE?</b> (Explain what happened; for example, quit work, got raise, received inheritance)

**7G. NET WORTH - Report everything you own except for automobiles, household effects, and the value of your home.**

SOURCE	VETERAN	SPOUSE	NOTE: If you or a dependent own a farm or a building with more than one unit, 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 that you actually occupy as your primary residence.
CASH/NON- INTEREST-BEARING BANK ACCOUNTS	\$	\$	
INTEREST-BEARING BANK ACCOUNTS			
IRAS, KEOGH PLANS, ETC.			
STOCKS, BONDS, MUTUAL FUNDS, ETC.			
REAL PROPERTY (Not your home)			
ALL OTHER PROPERTY			

**FAMILY MEDICAL EXPENSES**

Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and paragraph 5 of the EVR Instructions indicates that you should report medical expenses, request VA Form 21-8416, Medical Expense Report. This is the form you should use to report your medical expenses.

**IMPORTANT NOTE:** If your current rate of pension is based on allowance of a continuing deduction for nursing home fees or other recurring medical expenses, you **MUST** complete and return VA Form 21-8416 with your EVR to continue the deduction and avoid reduction or termination of your VA benefits.

If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.

**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.

**NOTE:** The veteran must sign this form unless VA has recognized a different payee. If VA has recognized a guardian or custodian as payee of the veteran's benefits, that person should sign this EVR.

8. SIGNATURE OF VETERAN (Read paragraph 6 of the EVR Instructions before signing)	9. DATE	10. TELEPHONE NO(S). (Include Area Code)	
		A. DAYTIME	B. EVENING