

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN		 Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE WITH CHILDREN) 9S
VETERAN'S SOCIAL SECURITY NUMBER		
SOCIAL SECURITY NUMBER OF SURVIVING SPOUSE		
NAME OF SURVIVING SPOUSE		
MAILING ADDRESS OF SURVIVING SPOUSE (Include number and street or rural route, city or P.O., State and ZIP Code)		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) 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 again 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 are not currently married.) Show the date your latest marriage ended.

2. NUMBER OF UNMARRIED DEPENDENT CHILDREN (See paragraph 1 of the EVR instructions)

In Your Custody _____ Not In Your Custody _____

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

YES NO

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

4. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED 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. VA may be able to allow a deduction from countable income for a surviving spouse's educational expenses. This includes tuition, fees, books, and supplies paid from your funds. Show expenses paid by you during the last 12 months. DO NOT REPORT CHILDREN'S EXPENSES and do not complete this item if you are using this form as a supplement to a pending claim.	\$
7. FAMILY MAINTENANCE (HARDSHIP) EXPENSES FOR NEXT 12 MONTHS: Complete this block ONLY if VA is currently excluding children's income on the grounds of hardship. If this exclusion applies to you, show TOTAL family expenses expected for the NEXT 12 months. If VA is not currently excluding children's income on the grounds of hardship, leave this item blank.	\$

8A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)

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

SOURCE	SURVIVING SPOUSE	CHILD:	CHILD:
SOCIAL SECURITY (Not SSI)	\$	\$	\$
U.S. CIVIL SERVICE			
U.S. RAILROAD RETIREMENT			
BLACK LUNG BENEFITS			
OTHER RETIREMENT			
OTHER (Show source)			
OTHER (Show source)			
OTHER (Show source)			

8B. ANNUAL INCOME (Read paragraphs 2 and 4 of the EVR Instructions)

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

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

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

8C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only 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 8C, answer Items 8D, 8E, and 8F)

8D. WHAT INCOME CHANGED? (Show what income changed; for example, wages, city pension, etc.)	8E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	8F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)

8G. NET WORTH - Report everything you own except automobiles, household effects, and the value of your home

SOURCE	SURVIVING SPOUSE	CHILD	CHILD	NOTE: If you or a child 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 is actually occupied as the owner's primary residence.
CASH, NON-INTEREST BEARING BANK ACCTS.	\$	\$	\$	
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, VA form 21-8416 will automatically be sent to you 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.

9. SIGNATURE OF PAYEE (Read paragraph 6 of the EVR Instructions before signing)	10. DATE	11. TELEPHONE NO(S). (Include Area Code)	
		A. DAYTIME	B. EVENING