OMB Approved No. 2900-0500 Respondent Burden: 10 Minutes Expiration Date: 01/31/2027

Departr	nent of \	VA DATE STAMP (DO NOT WRITE IN THIS SPACE)						
MAND	ATORY V							
INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. We use this form to determine continued eligibility to the additional allowance for dependents. For more information, contact us at Ask VA: <u>https://ask.va.gov/</u> , or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at <u>www.va.gov/vaforms</u> . After completing the form, mail to: <b>Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547- 4444.</b>								
SECTION I: VETERAN'S IDENTIFICATION INFORMATION								
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely								
fill in each applicable check box to help expedite processing of the form. 1. VETERAN'S NAME (First, Middle Initial, Last)								
2. SOCIAL SECURITY N	UMBER		3. VA FILE NUMBER (I	f applicable <i>)</i>	4. DATE OF BIRTH (MM/DD/YYYY)			
-								
5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)								
No. & Street								
Apt./Unit Number		City						
State/Province	Countr	у	ZIP Code/Postal Co	ode	-			
6.TELEPHONE NUMBER	(Include Area Co	ode)	7. E-MAIL ADD	RESS I agree to receive	electronic correspondence from VA in regards to my claim.			
-	_							
Enter International Phone I (If applicable)	Number							
			SECTION II: STATI	JS CERTIFICATION				
8. HAS THE STATUS OF	YOUR DEPEND	DENT(S) CHANGE	D? YES NO					
			e dependent(s) whose sta	•				
<ul> <li>If "No," sign this form (Section V) and disregard the remaining sections of this form.</li> <li>NOTE: If you have additional dependents not listed on the letter attached to this form, complete and submit VA Form 21-686c, Application Request to Add and/or Remove Dependents, and if claiming a child aged 18-23 years and in school, complete VA Form 21-674, Request for Approval of School Attendance. VA forms are available at</li> </ul>								
www.va.gov/vaforms.								
		5	· · · · · ·	E IN SPOUSE STATUS				
	9. HOW DID STATUS CHANGE?							
	DATE ENDED (MM/DD/YYYY):							
	-	ANNULMENT DIVORCE DECLARED VOID						
DEATH	DEATH DATE OF DEATH (MM/DD/YYYY): — — —							
		SEC	TION IV: CHANGE II	N CHILD(REN)'S STATU	3			
<b>NOTE:</b> If your child has be separate VA Form 21-053		of your family, input	the date the adoption wa	s finalized. If you have more	than four children whose status has changed, use a			
10A. CHILD'S NAME								
	i		10B. HOW STA	TUS CHANGED				
DEATH OF CHILD	DEATH OF CHILD DATE OF DE			_	-			
MARRIAGE OF CHILD DAT		DATE OF MARRIA	GE (MM/DD/YYYY):		_			
ADOPTION OUT OF	FAMILY [	DATE OF ADOPTI	ON (MM/DD/YYYY):	_	-			
NOTE: Do not fill in the next check box if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.								
LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):					//DD/YYYY):			
A MEMBER OF HOU								

SECTION IV: CHANGE IN CHILD(REN)'S STATUS (CONTINUED)								
11A. CHILD'S NAME								
 	11B. HOW STATUS CHANGED							
DEATH OF CHILD								
	DATE OF MARRIAGE (MM/DD/YYYY):		_					
	DATE OF ADOPTION (MM/DD/YYYY):							
NOTE: Do not fill in the next check box if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild								
because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.								
STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/	YYYY):						
12A. CHILD'S NAME								
	12B. HOW STATUS CHANGED							
DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):	-	-					
MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):	-	-					
ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):	-	-					
	ox if you live apart from the stepchild but are still providing at least half of the c use you or the child are incarcerated, attending school, or fulfilling a military ser	rvice obligation.	u live apart from the stepchild					
STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/)	YYYY):						
13A. CHILD'S NAME								
	13B. HOW STATUS CHANGED							
DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):	_	_					
MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):	_	-					
ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):	_	-					
	box if you live apart from the stepchild but are still providing at least half of the c use you or the child are incarcerated, attending school, or fulfilling a military se		u live apart from the stepchild					
STEPCHILD IS NO LONGER	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/	YYYY):						
	SECTION V: CERTIFICATION AND SIGNATURE							
	mation I have given on this form is true and correct to the best of my knowledge	·						
14A. SIGNATURE OF VETERAN <b>(F</b>	(EQUIRED)	148. DATE SIGN	14B. DATE SIGNED (MM/DD/YYYY)					
	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 to be false, or for the fraudulent acceptance of any payment to which you are not entitled.							
<b>PRIVACY ACT NOTICE</b> : 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 5, Code of Federal Regulations 1.526 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, 58VA21/22/28 Compensation, Pension, Education, Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. You must give us your and your dependents SSN account information. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.								

**RESPONDENT BURDEN**: We need this information to determine continued eligibility for an additional allowance for your spouse and/or child(ren). 38 U.S.C. 1115, Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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. Valid OMB control numbers can be located on the OMB Internet page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a> If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.