OMB Approved No. 2900-0138 Respondent Burden: 15 minutes Expiration Date: 01/31/2026

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## REQUEST FOR DETAILS OF EXPENSES

IMPORTANT: Please read the Privacy Act and Respondent Burden on page 4 before completing the form. For mailing information see Page 4 of the application.

**VA DATE STAMP** (DO NOT WRITE IN THIS SPACE)

INSTRUCTIONS: We need additional information to determine whether you are entitled to benefits. Please complete all items. If an answer is "none" or "0" write that. VA will interpret a blank space as "NONE" or "0." For additional space, use Item 23, "Remarks," or attach a separate sheet indicating the item number to which the answers apply. For additional information or questions contact us online at https://www.va.gov/contact-us or call us toll-free at 1-800-827-1000 (TTY:

711).								
<b>NOTE</b> : You may <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.								
SECTION I: VETERAN'S IDENTIFICATION INFORMATION (MUST COMPLETE)								
1. VETERAN'S NAME (First, Middle Initial, Last)								
2. VETERAN'S SOCIAL SECURITY NUMBER  — — —	3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)  — — —						
SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION (MUST COMPLETE)								
5. CLAIMANT'S NAME (First, Middle Initial, Last)								
6. CLAIMANT'S SOCIAL SECURITY NUMBER  — — —	7. CLAIMANT'S DATE OF BIRTH (MM/DD/YYYY)	8. CLAIMANT'S RELATIONSHIP TO VETERAN SPOUSE CHILD OTHER (Specify):						
9. CLAIMANT'S MAILING ADDRESS (Number and street of	r rural route, P.O. Box, City, State, ZIP Code and C	ountry)						
No. & Street Apt./Unit Number City								
State/Province Country	ZIP Code/Postal Code	-						
10. TELEPHONE NUMBER (Include Area Code)								
Enter International Phone Number (If applicable)								
11. E-MAIL ADDRESS (Optional)								
SECTION III: DEPENDENTS								
12A. NAME	12B. AGE	12C. RELATIONSHIP SPOUSE CHILD OTHER (Specify):						
12D. DEPENDENT'S STATUS	-							
☐ LIVES WITH YOU AND RECEIVES YOUR SUPPORT ☐ DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO DEPENDENT'S SUPPORT \$								
13A. NAME	13B. AGE	13C. RELATIONSHIP  SPOUSE CHILD  OTHER (Specify):						
13D. DEPENDENT'S STATUS  LIVES WITH YOU AND RECEIVES YOUR SUPPORT  DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO DEPENDENT'S SUPPORT  ,								
14A. NAME	14B. AGE	14C. RELATIONSHIP  SPOUSE CHILD OTHER (Specify):						
14D. DEPENDENT'S STATUS								
LIVES WITH YOU AND RECEIVES YOUR SUPPORT  DOES NOT LIVE WITH YOU AND MONTHLY AMOUN	T YOU CONTRIBUTE TO DEPENDENT'S SUPPORT	\$ , .00						

15A. ľ	NAME					158. AGE 150	SPOUSE OTHER (Spe	CHILD	
15D. DEPENDENT'S STATUS  LIVES WITH YOU AND RECEIVES YOUR SUPPORT									
	OES NOT LIVE WITH YOU	J AND MONTHL	Y AMOUNT YOU (	CONTRIBUTE	TO DE	PENDENT'S SUPPORT \$		, . 00	0
16A. N	16A. NAME  16B. AGE  16C. RELATIONSHIP  SPOUSE CHILD OTHER (Specify):								
16D [	DEPENDENT'S STATUS								
	DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO DEPENDENT'S SUPPORT  ,								
SECTION IV: MONTHLY EXPENSES (EXCEPT MEDICAL) FOR YOU AND THOSE LISTED IN SECTION III AS LIVING WITH YOU									
	ITEM		AMOUNT			ITEM (CONTINUED)		AMOUNT (CONTINU	JED)
17A.	HOUSING	\$	,	. 00	17E.	CLOTHING	\$	,	. 00
17B.	FOOD	\$	,	. 00	17F.	UTILITIES	\$	,	. 00
17C.	TAXES	\$	,	. 00	17G.	EDUCATION OF CHILDREN	\$	ī	. 00
17D.	INTEREST	\$	,	. 00	17H.	OTHER (SPECIFY):	\$	7	. 00
SECTION V: HOSPITAL AND MEDICAL EXPENSES									
	OO YOU HAVE OR EXPECTION OF THE CONTROL OF THE CONT				ITAL OF	R MEDICAL EXPENSES FOR	18B. EST	IMATED COST PER Y	/EAR
Y	ES NO (If "YES,	" please comple	te items 18B and I	18C)			\$	,	. 00
18C. EXPLANATION									
			SECTI	ON VI: ED	UCA	TIONAL EXPENSES			
19A. DO YOU EXPECT TO MAKE PROVISIONS FOR YOUR CHILDREN'S EDUCATIONAL NEEDS, INCLUDING ADVANCED TECHNICAL OR COLLEGE EDUCATION?								19B. TOTAL AMOUNT OF EDUCATIONAL EXPENSES PAID BY YOU	
YES NO (If "YES," please complete item 19B and itemize the date(s) of 23, REMARKS)				e(s) and	d amount(s) of payment(s) in item	\$	ī	. 00	
SECTION VII: EXPENSES OF LAST ILLNESS AND BURIAL OF VETERAN, SPOUSE, OR CHILD AND JUST DEBTS OF DECEASED VETERAN OR PARENT'S SPOUSE									
20A. NAME OF DECEASED PERSON (First, Middle Initial, Last)				□ s	RELATIONSHIP TO YOU 20C. POUSE CHILD ARENT	,			
EXPENDITURES FOR PERSON NAMED IN ITEM 20A									
NOTE: Furnish information concerning unreimbursed expenses as follows:									
<ul> <li>A VETERAN - For his/her spouse's or child's last illness and burial.</li> <li>A CHILD - For veteran's last illness, burial and just debts.</li> <li>A PARENT - For his/her spouse's or veteran's last illness and burial and for his/her spouse's just debts.</li> <li>A SPOUSE - For the last illness and burial of veteran's child.</li> <li>A WIDOW(ER) - For veteran's last illness, (paid before or after the veteran's death), burial and just debts and for the last illness and burial of veteran's child.</li> </ul>									
<ul> <li>LAST ILLNESS - The period from the onset of the acute attack causing death to the date of death (generally within one year of the date of death).</li> <li>BURIAL EXPENSES - Include all unreimbursed funeral and burial expenses incident to disposition of the remains of deceased persons under 38 U.S.C. 2302-2303.</li> </ul>									
• JUST DEBTS - Unsecured debts incurred solely by the veteran or incurred jointly by the veteran and surviving spouse, for other than the purpose of real or personal property. Just debts are paid by a surviving spouse or child after the veteran's passing.									

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21A (1). WHOSE EXPENSES WERE PAID? (CHECK ONE)	21A (2). NAME AND ADDRESS OF THE PERSON PAID					
DECEASED VETERAN VETERAN'S DECEASED CHILD	Provider:					
DECEASED SPOUSE DECEASED PARENT OF VETERAN	Address:					
21A (3). NATURE OF EXPENSES OR DEBT	21A (4). DATE PAID (MM/DD/YYYY)					
☐ LAST ILLNESS ☐ BURIAL ☐ JUST DEBT ☐ OTHER (Specify):						
21A (5). TOTAL AMOUNT OF EXPENSES OR DEBT	21A (6). AMOUNT PAID BY YOU					
\$ , . 00	\$ .00					
21B (1). WHOSE EXPENSES WERE PAID? (CHECK ONE)	21B (2). NAME AND ADDRESS OF THE PERSON PAID					
☐ DECEASED VETERAN ☐ VETERAN'S DECEASED CHILD	Provider:					
☐ DECEASED SPOUSE ☐ DECEASED PARENT OF VETERAN	Address:					
21B (3). NATURE OF EXPENSES OR DEBT	21B (4). DATE PAID (MM/DD/YYYY)					
☐ LAST ILLNESS ☐ BURIAL ☐ JUST DEBT ☐ OTHER (Specify):						
21B (5). TOTAL AMOUNT OF EXPENSES OR DEBT	21B (6). AMOUNT PAID BY YOU					
\$ , . 00	\$ . 00					
21C (1). WHOSE EXPENSES WERE PAID? (CHECK ONE)	21C (2). NAME AND ADDRESS OF THE PERSON PAID					
☐ DECEASED VETERAN ☐ VETERAN'S DECEASED CHILD	Provider:					
☐ DECEASED SPOUSE ☐ DECEASED PARENT OF VETERAN	Address:					
21C (3). NATURE OF EXPENSES OR DEBT	21C (4). DATE PAID (MM/DD/YYYY)					
☐ LAST ILLNESS ☐ BURIAL ☐ JUST DEBT ☐ OTHER (Specify):						
21C (5). TOTAL AMOUNT OF EXPENSES OR DEBT	21C (6). AMOUNT PAID BY YOU					
\$ , . 00	\$ , . 00					
21D (1). WHOSE EXPENSES WERE PAID? (CHECK ONE)	21D (2). NAME AND ADDRESS OF THE PERSON PAID					
☐ DECEASED VETERAN ☐ VETERAN'S DECEASED CHILD	Provider:					
☐ DECEASED SPOUSE ☐ DECEASED PARENT OF VETERAN	Address:					
21D (3). NATURE OF EXPENSES OR DEBT	21D (4). DATE PAID (MM/DD/YYYY)					
☐ LAST ILLNESS ☐ BURIAL ☐ JUST DEBT ☐ OTHER (Specify):						
21D (5). TOTAL AMOUNT OF EXPENSES OR DEBT	21D (6). AMOUNT PAID BY YOU					
\$ , . 00	\$ . 00					
SECTION VIII: COMMERCIAL LIFE INSURANCE PAYMENTS						
<b>NOTE:</b> Under Public Law 108-454, VA may not count as income the lump sum veteran who dies after December 9, 2004. Proceeds from all other insurance pays						
22A. TOTAL RECEIVED OR EXPECTED BY CLAIMANT	\$ , .00					
22B. EXPECTED OR ACTUAL DATE OF RECEIPT (If paid by installments, e. Remarks)	xplain payment schedule in Item 23,					
NAME OF THE DECEASED FROM WHOM PAYMENT IS RECEIVED.  22C.						

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SECTION IX: REMARKS, CERTIFICATION AND SIGNATURE						
23. REMARKS						
PENALTY - The law provides severe penalties which include fine or imprisonment or both for the willful submission or any statement or avidance of a material feat						
PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission or any statement or evidence of a material fact, knowing it to be false (18 U.S.C. §§ 1001-1002).						
I CERTIFY THAT the foregoing statement(s) are true and correct to the best of my knowledge and belief.						
24A. SIGNATURE OF CLAIMANT (Do not print	sign in ink)		24B. DATE SIGNED			
	MAII	.TO				
Department of Veterans Affairs						

Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547-5365

FEES FOR CLAIMS: Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.

PRIVACY ACT INFORMATION: 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 38, Code of Federal Regulations 1.576 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 and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your response is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine entitlement to benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies. You are required to provide the Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine entitlement to Pension or Parent's Dependency and Indemnity Compensation (38 U.S.C. 1503 and 1315). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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. You are not required to respond to a collection of information if this number is not 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 can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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