Department of Veterans Affairs

APPLICATION FOR FAMILY MEMBER TO USE TRANSFERRED BENEFITS

Use this form to apply for Transfer of Entitlement (TOE) to basic educational assistance under chapters 30 and 33 of title 38, U.S. Code and chapter 1606 of title 10, U.S. Code. Use this form only if you are a dependent of an individual eligible to transfer benefits to his or her dependents. The service member's military branch must have approved the request to transfer benefits. The eligible service member must have designated you by name, the number of months transferred, and the period for which the transfer is effective.

Do not use this form to apply for benefits based upon your own military service. To apply for benefits based on your own service use, VA Form 22-1990. That form can be downloaded at www.va.gov/vaforms, completed on-line and submitted electronically at www.benefits.va.gov/gibill (click "Apply On Line" and select the "Education" option). It can also be obtained from the nearest VA regional office, and it may also be available where you received this application.

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS TOE PROGRAM

VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE - If you need help planning your individual educational and career goals, VA offers a wide range of counseling services to help you make these decisions. Services include educational and vocational guidance and such testing as necessary for you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551) or TDD at the Federal Relay number 711.

NOTE: The numbers on the instructions match the item numbers on the application. Items not mentioned are self-explanatory.

Part II

ITEM 7. The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. To enroll in direct deposit, please attach a voided personal check, deposit slip, or provide the information requested in Item 7. If you ***do not*** have a bank account, please visit **https://www.benefits.va.gov/benefits/banking.asp**. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

ITEM 9A. Select the benefit transferred to you.

ITEM 9B. Self explanatory, except for the following items:

"Vocational Flight Training." You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

"National Test Reimbursement." You can be reimbursed for the cost of approved tests for admission to or credit at institutions of higher learning.

"Licensing or Certification Test Reimbursement." A licensing test is a test offered by a state, local, or federal agency which is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation. Examples include EMT, CPA, MCSE, CCNP, etc.

ADDITIONAL HELP

If you need more help in completing this application, call VA TOLL FREE at 1-888-GI-BILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get education assistance after normal business hours at our VA Education Internet site www.benefits.va.gov/gibill.

HOW TO FILE YOUR CLAIM

Be sure to do the following:

(A) If you have selected a school or training establishment:

Step 1: Mail the completed application to the VA Regional Processing Office for the region of that school's physical address. See page 2 for the addresses of these VA Regional Processing Offices.

Step 2: Tell the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to send your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

(B) If you haven't selected a school or training establishment:

Step 1: Mail the completed application to the VA Regional Processing Office for the region of your home address. See page 2 for the addresses of these VA Regional Processing Offices.

Step 2: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616									
SERVES THE FOLLOWING STATES									
CO	CT	DC	DE	IA	IL	IN	KS	KY	MA
MD	ME	MI	MN	MO	MT	NC	ND	NE	NH
NJ	NY	OH	PA	RI	SD	TN	VA	VT	WI
WV	WY	APO/FPO AA			Foreign Schools		US Virgin Islands		

Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888									
SERVES THE FOLLOWING STATES									
AK	AL	AR	AZ	CA	FL	GA	HI	ID	LA
MS	NM	NV	OK	OR	PR	SC	TX	UT	WA
APO/FPO AP			Guam			Philippines			

Privacy Act Notice: 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, section 1.576 for routine uses (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. 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 a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine your eligibility for education benefits (38 U.S.C. 3471). 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 http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

OMB Control No. 2900-0154
Respondent Burden: 15 minutes
Expiration Date: 02/28/2023

Department of Veterans Affairs

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INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.benefits.va.gov/gibill.

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER OF APPLICANT

2. SEX OF APPLICANT
☐ MALE ☐ FEMALE

3. APPLICANT'S DATE OF BIRTH
Month Day Year

4. NAME *(First, Middle Initial, Last)*

5. APPLICANT'S ADDRESS

Number and Street _____

Apt./Unit Number _____

City, State, ZIP Code _____

6A. APPLICANT'S TELEPHONE NUMBERS *(Include Area Code)*

Primary: _____ Secondary: _____

6B. APPLICANT'S E-MAIL ADDRESS *(If applicable)*

7. DIRECT DEPOSIT *(Attach a voided personal check or provide the following information. See instructions for additional Direct Deposit information.)*

Routing or Transit Number ☐☐☐☐☐☐☐☐☐

Account Type
Checking ☐ Savings ☐

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐

8A. RELATIONSHIP TO SERVICE MEMBER
☐ SPOUSE ☐ CHILD

8B. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? *(If "Yes," provide date)*
☐ YES DATE: _____ ☐ NO

PART II - BENEFIT TRANSFERRED AND TYPE AND PROGRAM OF EDUCATION OR TRAINING

9A. BENEFIT TRANSFERRED TO YOU *(Select one box)*
☐ CHAPTER 33 - POST-9/11 GI BILL
☐ CHAPTER 30 - MONTGOMERY GI BILL EDUCATIONAL ASSISTANCE PROGRAM (MGIB)
☐ CHAPTER 1606 - MONTGOMERY GI BILL-SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (MGIB-SR)

9B. TYPE OF EDUCATION OR TRAINING *(See instructions for additional information)*
☐ COLLEGE OR OTHER SCHOOL *(Including on-line courses)*
☐ VOCATIONAL FLIGHT TRAINING
☐ NATIONAL TEST REIMBURSEMENT *(SAT, CLEP, ETC.)*
☐ LICENSING OR CERTIFICATION TEST REIMBURSEMENT *(MCSE, CCNA, EMT, NCLEX, ETC.)*
☐ APPRENTICESHIP OR ON-THE-JOB
☐ CORRESPONDENCE
☐ TUITION ASSISTANCE TOP-UP

9C. FULL NAME AND ADDRESS OF SCHOOL, IF KNOWN

VA DATE STAMP
(Do Not Write In This Space)

9D. PLEASE SPECIFY YOUR EDUCATIONAL OR CAREER OBJECTIVE, IF KNOWN *(e.g. Bachelor of Arts in Accounting, welding certificate, police officer, etc.)*

PART III - EDUCATION AND EMPLOYMENT INFORMATION

10A. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? *(If "Yes," specify below)*

☐ YES ☐ NO

10B. EDUCATION AFTER HIGH SCHOOL *(Including apprenticeship, on-the-job training, and flight training)*

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER	DATES OF TRAINING		NUMBER AND TYPE OF HOURS *(Semester, Quarter or Clock)*	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

10C. EMPLOYMENT *(Only complete if you held a license or journeyman rating to practice a profession)*

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS WORKED	LICENSE OR RATING
JOB 1 SINCE HIGH SCHOOL			
JOB 2 SINCE HIGH SCHOOL			

PART IV - ENTITLEMENT TO AND USAGE OF ADDITIONAL TYPES OF ASSISTANCE

11A. **FOR APPLICANTS ON ACTIVE DUTY ONLY**: Are you receiving or do you anticipate receiving any money *(including but not limited to Federal Tuition Assistance)* from the Armed Forces or Public Health Service for the course for which you have applied to the VA for education benefits? ☐ YES ☐ NO

11B. **FOR APPLICANTS WHO ARE CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY:** Are you receiving or do you anticipate receiving any money *(including but not limited to the Government Employees Training Act)* from your Agency for the same period for which you have applied to the VA for education benefits? If you will receive such benefits during any part of your training, check "YES." ☐ YES ☐ NO

PART V - SERVICE MEMBER INFORMATION

12. SERVICE MEMBER'S SOCIAL SECURITY NUMBER

13. SERVICE MEMBER'S BRANCH OF SERVICE

14. SERVICE MEMBER'S NAME *(First, Middle Initial, Last)*

15. SERVICE MEMBER'S ADDRESS

Number and Street _____

Apt./Unit Number _____

City, State, ZIP Code _____

PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

16A. SIGNATURE OF APPLICANT *(DO NOT PRINT)*

16B. DATE SIGNED