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#### **Department of Veterans Affairs**

#### REPORT OF INCOME FROM PROPERTY OR BUSINESS

**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 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 Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. 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.

Respondent Burden: We need this information to determine eligibility for benefits (38 U.S.C. 1315 and 1506). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 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.

**INSTRUCTIONS:** Please provide specific information about the gross income and expenses of your property and/or business, so we can determine eligibility for benefits. Print all answers clearly. If an answer is "none" or "0," write that or line through the space provided. For additional space, attach a separate sheet, indicating the item number to which the answers apply. Make sure to write the veteran's name and VA claim number on any attachments to the form.

Rental income: Net rental income is gross rental income less expenses. Depreciation and payments on the principal of a mortgage are not deductible. If the rental property is partially occupied by the owner, report the gross income received and the proportionate part of the expenses. For example: If you own a two-family house that is occupied by you and another family, report the gross income you receive from the other family and one-half of the expenses.

Business income: Net business income is gross income less operating expenses. Depreciation, withdrawals of cash or merchandise, and salaries paid you or your partners are not deductible. Deductible operating expenses include cost of goods sold, rent, normal repairs, taxes (other than Federal income tax), salary or wages of employees, insurance, interest on business debts, and similar expenses.

1. FIRST NAME-MIDDLE NAME-LAST NAME OF VETERAN							2. VA FILE NUMBER		
3. FIRST NAME-MIDDLE NAME-LAST NAME OF CLAIMANT (If other than veteran)									
4. MAII	LING ADDRESS OF CL	5. WHAT PORTION OF RENTAL PROPERTY, IF ANY, IS OCCUPIED BY CLAIMANT?							
6. ADD	RESS OF RENTAL PR		RIEF DESCRIPTION OF RENTAL PROPERTY (Include number and type units)						
8. ADD	RESS OF BUSINESS	9. TYF	YPE OR NATURE OF BUSINESS						
	CK INVENTORY BUSINESS	10A. VALUE AT BEGINNING OF CUR CALENDAR YEAR \$	RENT		10B. VA	LUE AT EI	ND OF	CURRENT CALI	ENDAR YEAR
		(11A)		(11B) EXPENSES FOR THE PE			(11C) RIOD EXPENSES FOR THE PER		
LINE NO.	TOTAL EXPENSES RELATING TO RENTAL PROPER OR OPERATION OF BUSINESS			FROM THRU		THRU		FROM	THRU
	NOTE: 1	Do not list personal expenditures.		(If no dates are shown, rep expenses for last calendar y			port (If no dates are shown, report year) expenses for current calendar year		e shown, report ent calendar year)
1	TAXES			\$ \$					
2	UTILITIES (If furnish	hed)							
3	INSURANCE								
4	INTEREST ON MO	RTGAGE							
5	FUEL (If furnished)								
6	6 NORMAL REPAIRS								
7 COST OF GOODS SOLD									
8	RENT								
9	EMPLOYEES' SAL								

10	INTEREST ON BUSINESS DEBT							
11	OTHER (Explain briefly in Item 13, "Remarks")							
12	TOTAL EXPENSES	<b>)</b>	\$		\$			
busii List	ORTANT: Report total gross income in Line 1, total expness is owned jointly, report your share of the net income in the name(s), address(es), and fractional share(s) of ownerndent child(ren) are joint owners, report their net property of	in Line ership f	4 and your fract or all remaining	cional share of owner(s) in	me in Line 3. If of property owner Line 6. If your	rship in Line 5.		
			(12E EXPENSES FOR			(12C) EXPENSES FOR THE PERIOD		
LINE NO.	(12A) GROSS INCOME, TOTAL EXPENSES, AND NET INCO FROM PROPERTY OR BUSINESS	OME	FROM	THRU	FROM	THRU		
			(If no dates are a expenses for last			re shown, report rent calendar year)		
1	GROSS INCOME FROM RENTAL PROPERTY AND BUSI	INESS	\$		\$			
2	TOTAL EXPENSES (Enter total from line 12, above)		\$		\$			
3	NET INCOME FROM RENTAL PROPERTY OR RECEIPT FROM BUSINESS (Subtract line 2 from line 1)	TS	\$		\$			
NOT	TE: Complete Items 4, 5, and 6 only if property or business	ic owne			Ψ			
NOI		15 OWIIC	ou jointry.					
4	CLAIMANT'S SHARE OF NET INCOME FROM RENTAL PROPERTY OR RECEIPTS FROM BUSINESS		\$		\$			
5	SHARE OF PROPERTY OR BUSINESS OWNED BY CLAIMANT (Fractional)							
	LIST THE NAME(S), ADDRESS(ES), AND FRACTIONAL SHARE	ES(S) O	F OWNERSHIP FO	OR ALL REMA	AINING OWNERS			
6								
13. R	REMARKS							
LOD								
	RTIFY THAT the statements in this document are true and	correct	t to the best of m	<u>,                                     </u>				
	SIGNATURE OF CLAIMANT				s. DATE			
15A. DAYTIME TELEPHONE NUMBER (Including Area Code)			ENING TELEPHON	NE NUMBER (	(Including Area Code,	)		
	NESSES TO SIGNATURE OF CLAIMANT IF MADE BY ons who know the claimant personally, and the signatures a							
*	1 7		NTED NAME AND			•		
17A.	SIGNATURE OF WITNESS 1	17B. PRI	NTED NAME AND	ADDRESS C	OF WITNESS			
	ALTY: The law provides severe penalties which include fine or in rial fact knowing it to be false.	nprisonr	ment, or both, for t	he willful sub	omission of any state	ement of a		



# NOTICE TO SURVIVOR OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR DEPENDENCY AND INDEMNITY COMPENSATION, DEATH PENSION, AND/OR ACCRUED BENEFITS

(This notice is applicable to survivors claims for: Death Pension • Dependency Indemnity Compensation (DIC) • DIC under 38 U.S.C. 1151 • Increased Survivor Benefits Based on Need for Aid and Attendance or Being Housebound • Accrued Benefits • Benefits Based on a Veteran's Seriously Disabled Child)

Use this notice and the attached application to submit a claim for DIC, Death Pension, and/or Accrued Benefits.

This notice informs you of the evidence necessary to substantiate your claim.

Want your claim processed faster? The Fully Developed Claim (FDC) Program is the <u>fastest</u> way to get your claim processed, and there is no risk to participate! To participate in the FDC Program if you are making a claim for DIC, Death Pension, and/or Accrued Benefits, simply submit your claim in accordance with the "FDC Criteria" shown below. If you are making a claim for veterans disability compensation or related compensation benefits, use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*. If you are making a claim for veterans non service-connected pension benefits, use VA Form 21-527EZ, *Application for Pension*. VA forms are available at <a href="https://www.va.gov/vaforms">www.va.gov/vaforms</a>.

#### FDC Criteria (Claim(s) for DIC, Death Pension, and/or Accrued Benefits)

- 1. Submit your claim on a <u>signed and completed</u> VA Form 21-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits* (Attached).
- 2. Submit simultaneously with your claim:

A copy of the veteran's Death Certificate (unless he or she died on active duty); AND

#### If claiming death pension:

- All necessary income and net-worth information
- If claiming death pension with increased survivor benefits, a completed VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance, and a completed VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance

#### If claiming DIC:

- All, if any, relevant, private medical treatment records and an identification of any relevant treatment records available at a Federal facility, such as a VA medical center, that support your claim
- Any and all Service Treatment and Personnel Records in the custody of the veteran's Guard or Reserve Unit(s)
- If claiming DIC as the parent of the veteran, all necessary income and net-worth information and, if claiming benefits as the foster parent of the veteran, a completed VA Form 21-524, Statement of Person Claiming to Have Stood in Relation of Parent
- If claiming DIC with increased survivor benefits, a completed VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance, and a completed VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance

#### **Requirements for Certain Claimants:**

Under the circumstances shown below, you must also submit simultaneously with your claim:

- If claiming benefits as the surviving spouse of the veteran, a copy of your marriage certificate showing your marriage to the veteran, or if claiming benefits for a child or biological/adoptive parent of the veteran, a copy of the birth certificate or court record of adoption showing relation to the veteran
- If claiming benefits for a child of the veteran between the ages of 18 and 23, a completed VA Form 21-674, Request for Approval of School Attendance
- If claiming benefits for a seriously disabled (helpless) child of the veteran, all, if any, relevant, private medical treatment records for the child's pertinent disabilities
- 3. Report for any VA medical examinations VA determines are necessary to decide your claim.

The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate!

Participation in the FDC Program is optional and will not affect the quality of care you receive or the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. See below for more information. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process). If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process.

#### WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide VA information sufficient to enable it to obtain all relevant evidence not in your possession. If your claim involves a disability the veteran had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before the veteran's entry into service.

FDC Program (Optional Expedited Process)	Standard Claim Process
You must:	You must:
Submit your claim in accordance with the "FDC Criteria" (see page 1)	If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it
	If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.

#### HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

FDC Program (Optional Expedited Process)	Standard Claim Process
VA will:	VA will:
Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorize VA to obtain	<ul> <li>Retrieve relevant records from a Federal facility that you adequately identify and authorize VA to obtain</li> <li>Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from state or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records or records from current</li> </ul>

#### WHEN YOU SHOULD SEND WHAT WE NEED

FDC Program (Optional Expedited Process)	Standard Claim Process
You must:	We strongly encourage you to:
Send the information and evidence simultaneously with your claim	Send any information or evidence as soon as you can
If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program expedited process and process it in the Standard Claim process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.	You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.

#### WHERE TO SEND INFORMATION AND EVIDENCE

Mail or take your application and any evidence in support of your claim to the closest VA regional office. VA regional office addresses are available on the Internet at <a href="https://www.va.gov/directory">www.va.gov/directory</a>.

**VA** FORM 21-534EZ, JUN 2014

#### WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

If you are claiming	See the evidence table titled
Needs-based benefits based on the veterans wartime service.	Death Pension
• The veteran's death was related to his or her service (DIC), <b>OR</b>	
• DIC benefits because the veteran was receiving or entitled to receive benefits for a service-connected disability rated totally disabling.	Dependency and Indemnity Compensation (DIC)
The veteran's death was a result of VA medical treatment, vocational rehabilitation, or compensated work therapy.	DIC under 38 U.S.C. 1151
DIC and it was previously denied by VA.	Reopened DIC
Increased death pension or DIC benefits because your disabilities cause you to be in need of aid and attendance or to be confined to your residence.	Increased Survivor Benefits Based on Need for Aid and Attendance or Being Housebound
You are eligible to the benefits that were due to the veteran at the time of the veteran's death.	Accrued Benefits
You are eligible to the benefits because a child of the veteran is severely disabled.	Helpless Child

#### EVIDENCE TABLES

#### **Death Pension**

To support your claim for **death pension benefits**, the evidence must show:

- 1. The veteran met certain minimum requirements regarding active service during a period of war. Generally, those requirements involve:
  - 90 days of consecutive service, at least one day of which was during a period of war; **OR**
  - 90 days of combined service during at least one period of war;

(Note: If the veteran's service began after September 7, 1980, additional length-of-service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligations.)

**OR** any length of active service during a period of war when:

- At the time of death, the veteran was receiving (or entitled to receive) VA disability compensation or retirement pay for a service-connected disability; **OR**
- The veteran was discharged from active service due to a service-connected disability.
- 2. Your net worth and income do not exceed certain requirements.

#### **Dependency and Indemnity Compensation (DIC)**

To support a claim for **Dependency and Indemnity Compensation (DIC) benefits based on a service-connected disability** established during the veteran's lifetime, the evidence must show:

- The veteran died while on active service; **OR**
- The veteran had a service-connected disability(ies) that was either the principal or contributory cause of the veteran's death; **OR**
- The veteran died from non service-connected injury or disease **AND** was receiving, or entitled to receive VA compensation for a service-connected disability rated totally disabling:
- For at least 10 years immediately before death; **OR**
- For at least 5 years after the veteran's release from active duty preceding death; **OR**
- For at least 1 year before death, if the veteran was a former prisoner of war who died after September 30, 1999

To support a claim for **DIC** benefits based on a disability that was not service-connected or for which the veteran did not file a claim during his or her lifetime, the evidence must show:

- An injury or disease that was incurred or aggravated during active service, or an event in service that caused an injury or disease; **AND**
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the disability associated with the cause of death and an injury, disease, or event in service. This may be shown by medical records or medical opinion or, in certain cases, by lay evidence

#### Dependency and Indemnity Compensation (DIC) (Continued)

To support your claim for **DIC** benefits based upon the service person's active duty for training, the evidence must show:

• The service person was disabled during *active* duty for training due to a disease or injury incurred in the line of duty, and the disease or injury caused or contributed to the service person's death.

If VA granted service connection for a disease or injury during the service person's lifetime, evidence that the service-connected disease or injury caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC benefits based on a disability that was not service-connected or for which the service person did not file a claim during his or her lifetime, the evidence must show:

- The service person was disabled during active duty for training due to a disease or injury incurred in the line of duty; AND
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the principal or contributory cause of death and the disability due to injury or disease, incurred in the line of duty. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

To support your claim for **DIC** benefits based upon the service person's *inactive* duty training, the evidence must show:

- The service person died during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident during such training; **OR**
- The service person was disabled during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; and that injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

If VA granted service connection for an injury, acute myocardial infarction, or cerebrovascular accident during the service person's lifetime, evidence that the service-connected condition caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC benefits based on a disability that was not service-connected or for which the service person did not file a claim during his or her lifetime, the evidence must show:

- The service person was disabled during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; **AND**
- The injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

#### **DIC under 38 U.S.C. 1151:**

In order to support your claim for **DIC under 38 U.S.C. 1151**, the evidence must show:

- The deceased veteran died as a result of undergoing VA hospitalization, medical or surgical treatment, examination, or training; **AND**
- The death was:
  - the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment; **OR**
  - the direct result of an event that was not a reasonably expected result or complication of the VA care or treatment; **OR**
  - the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program

#### **Reopened DIC:**

In order to reopen a claim previously denied by VA, we need new and material evidence. New and material evidence must raise a reasonable possibility of substantiating your claim. The evidence cannot simply be repetitive or cumulative of the evidence we had when we previously decided your claim. VA will make reasonable efforts to help you obtain currently existing evidence. However, we cannot provide a medical examination or obtain a medical opinion until your claim is successfully reopened.

- To qualify as new, the evidence must currently exist and be submitted to VA for the first time
- In order to be considered material, the additional existing evidence must pertain to the reason your claim was previously denied

#### **EVIDENCE TABLES (Continued)**

#### Dependency and Indemnity Compensation (DIC) (Continued)

In order to support your claim for increased survivor benefits based on the need for aid and attendance, the evidence must show:

- you have corrected vision of 5/200 or less in both eyes; **OR**
- you have concentric contraction of the visual field to 5 degrees; **OR**
- you are a patient in a nursing home due to mental or physical incapacity; **OR**
- you require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment (38 Code of Federal Regulation 3.352(a)); OR
- you are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment (38 Code of Federal Regulation 3.352(a)); **OR**

In order to support your claim for increased benefits based on being housebound, the evidence must show:

• you are substantially confined to your immediate premises because of permanent disability

#### **Accrued Benefits:**

To support a claim for **accrued benefits**, the evidence must show:

- Benefits were due the veteran based on existing ratings, decisions, or evidence in VA's possession at the time of death, but the benefits were not paid before the veteran's death; **AND**
- You are the surviving spouse, child, or dependent parent of the deceased veteran

VA pays accrued benefits in the following order of priority:

- 1. Spouse
- 2. Children of the veteran (in equal shares)
- 3. Dependent parents (in equal shares)

#### **Helpless Child:**

To support a claim for **benefits based on a veteran's child being helpless**, the evidence must show that the child, before his or her 18th birthday, became permanently incapable of self-support due to a mental or physical disability.

#### **IMPORTANT**

If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <a href="http://www.va.gov/opa/marriage/">http://www.va.gov/opa/marriage/</a>.

#### HOW VA DETERMINES THE EFFECTIVE DATE

If we grant a claim for death benefits, the beginning date of your entitlement will generally be based on when we received your claim However, if VA received your claim within one year of the date of the veteran's death, entitlement will be from the first day of the month in which the veteran died.

The veteran's death certificate is evidence relevant to determining the effective date of any benefits we award.

Higher levels of benefits are available for a veteran's surviving spouse and/or parents who are unable to perform certain activities of daily living or leave their home. Higher levels of benefits may be effective from the date medical evidence first establishes entitlement.

For more information on the FDC Program, visit our web site at <a href="http://benefits.va.gov/transformation/fastclaims/">http://benefits.va.gov/transformation/fastclaims/</a> For more information on VA benefits, visit our web site at <a href="http://iris.va.gov">www.va.gov</a>, contact us at <a href="http://iris.va.gov">http://iris.va.gov</a>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. VA forms are available at <a href="https://www.va.gov/vaforms">www.va.gov/vaforms</a>.

OMB Control No. 2900-0004 Respondent Burden: 25 minutes Expiration Date: 1/31/2015

Department of Veterans Affa	VA DATE STAMP (DO NOT WRITE IN THIS SPACE)				
	ΓΙΟΝ FOR DIC, DE D/OR ACCRUED E				
IMPORTANT: Please read the Privacy				eting the form.	_
	SECTION I: PER	SONAL INF	ORMATION (I	MUST COMPLE	
1. VETERAN'S NAME (Last, first, middle)	2. VETER	RAN'S SOCIAL	SECURITY NUME	BER	3. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)
4. VETERAN'S SEX 5	. HAS THE VETERAN, SURV	/IVING SPOUS	SE, CHILD, OR PA	RENT EVER	6. VA FILE NUMBER
☐ MALE ☐ FEMALE	FILED A CLAIM WITH VA?  YES NO (If	"Yes," provide	the file number in	Item 6)	
7. DID THE VETERAN DIE WHILE ON ACT	「IVE DUTY?		8. WHAT IS THE	VETERAN'S DATE	E OF DEATH? (MM,DD,YYYY)
9. WHAT IS YOUR NAME? (First, middle, la	ast name)	l			TERAN? (Check one)
11. WHAT IS YOUR SOCIAL SECURITY N	IMPED2		'ING SPOUSE SYOUR DATE OF	PARENT	CHILD CUSTODIAN FILING FOR CHILD  13. ARE YOU A VETERAN?
TI. WHAT IS TOOK SOCIAL SECONITY N	NIDELY:		D,YYYY)	Sirtin.	YES NO
14A. WHAT IS YOUR ADDRESS?				14B. YOUR	TELEPHONE NUMBER(S) (include Area Code)
				DAYTIME	
Street address, rural route, or P.O. Bo	ox A	pt. number		EVENING	)
				EVENING (	)
City State	ZIP Code	Cou	ntry	CELL PHONE	)
15A. YOUR PREFERRED E-MAIL ADDRES	SS (If applicable)	1	15B. YOUR ALTER		DRESS (If applicable)
16. WHAT ARE YOU CLAIMING? (Check at	Il that apply)				
DEPENDENCY AND INDEMNITY CO	OMPENSATION (DIC)	DEATH PEN	ISION AC	CCRUED BENEFIT	S
SECTION II: VETERAN'S SER	•				NOT RECEIVING VA COMPENSATION OR
(Skip to Section II.			T THE TIME OF ensation or pens	,	ne time of his or her death)
17A. DID THE VETERAN SERVE UNDER		<u> </u>	<u> </u>		N SERVED UNDER:
YES NO (If "Yes," compl	ete Item 17B)				
(If "No," skip to	Item 18A)				
18A. VETERAN ENTERED ACTIVE SERVI	,	8B. BRANCH (	OF SERVICE	18C. R	ELEASE DATE FROM ACTIVE SERVICE
				(1)	MM,DD,YYYY)
400 DID THE VETERAN CERVE IN A COA	ADAT ZONE CINICE O 44 000	140	40E DI ACE	OF LACT OF BARA	TION
18D. DID THE VETERAN SERVE IN A COM YES NO	/IBAT ZONE SINCE 9-11-200	J1?	18E. PLACE	OF LAST SEPARA	TION
19A. WAS THE VETERAN ACTIVATED TO	FEDERAL ACTIVE DUTY L	INDER AUTHO	ORITY OF	19B DA	TE OF ACTIVATION (MM,DD,YYYY)
TITLE 10, U.S.C. (National Guard)?				100.07	,,
	er Items 19B, 19C and 19D)				
19C. WHAT IS THE NAME AND ADDRESS	OF THE VETERAN'S RESE	RVE/NATIONA	AL GUARD UNIT?	RE	AT IS THE TELEPHONE NUMBER OF THE SERVE/NATIONAL GUARD UNIT? lude Area Code)
				(	)
					,
20A. WAS THE VETERAN EVER A PRISO	NER OF WAR?		20B DATES	OF CONFINEMEN	NT
YES NO (If "Yes," compl		Section III)	FROM:		TO:

## SECTION III- MARITAL INFORMATION (COMPLETE ONLY IF CLAIMING BENEFITS AS THE SURVIVING SPOUSE OF THE VETERAN)

(Skip to Section IV if you are **NOT** claiming benefits as the surviving spouse of the veteran)

TELL US ABOUT THE VETE	ERAN'S MAI	RRIAGES								
21A. HOW MANY TIMES WAS T	HE VETERAN	I MARRIED	(including marriage	to you)?						
21B. DATE (month, day, year) ar	nd PLACE	21C. TO V	VHOM MARRIED	21D. TYPE (ceremonial)			OW MARRIAGE		ATE (month, d MARRIAGE T	
OF MARRIAGE (city, state or	country)	(first, mid	ddle, last name)	proxy, trib		er) I I I	RMINATED		city/state or co	
				promy, and	,	(d	eath, divorce)	`		,,,
21G. IF YOU INDICATED "OTHE	D" AS TVDE (	TE MARRIA	GE IN ITEM 21D. P	I EASE EXDL	ΔINI:					
210. II TOO INDICATED OTTE	IN AO III E		OL IN IT LIVI 2 ID, IT	LLAGE EXI LA	AIIN.					
TELL US ABOUT YOUR MA	ARRIAGES									
22A. HAVE YOU REMARRIED S	INCE THE DE	ATH OF TH	IE VETERAN?	22B. HOW N	MANY TIN	MES HAVE YO	U BEEN MARRIE	)? (includin	g your marria	ge to the
				veteran)						
☐ YES ☐ NO										
22C DATE (month day year)	and DLACE	220 TO V	VIIOM MADDIED	22E. TYPE (	OF MARR	RIAGE 22	F. HOW MARRIAG	SE 22		nth, day, year)
22C. DATE (month, day, year) a OF MARRIAGE (city/state or			VHOM MARRIED	(ceremonial			TERMINATED	has not	and PLACE MARRIAGE TERMINATED	
or white the controlled of	oodinay)	(first, middle, last name)		proxy, trib	al, or oth	er) (dodin,	(death, divorce, marriage has been terminated)		(city/state	
AND IT VOLUMENDATED NOT IT	DI AO TYPE (	DE MADDIA	OF INJECTION OF D	L FACE EVEL A						
22H. IF YOU INDICATED "OTHE	R AS TYPE	JF WARRIA	IGE IN ITEM 22E, PI	LEASE EXPLA	AIIN:					
23. WAS A CHILD BORN TO YO		ETERAN D	URING YOUR MAR	RIAGE 24	. ARE YO	OU EXPECTING	THE BIRTH OF	THE VETER	RAN'S CHILD	?
OR PRIOR TO YOUR MARR	IAGE?									
☐ YES ☐ NO				lΓ	YES	NO NO				
25. DID YOU LIVE CONTINUOU	QI V M/ITH TH	E VETEDA	N EDOM THE DATE	1 00 14/14 7 14					2011 24754	2) 4115
OF MARRIAGE TO THE DAT			VIIIOW IIIL DAIL	20. WIII/ (I V			EPARATION? GIV ON <i>(IF THE SEPA</i>			
						OF THE ORD		1101110111	140 21 0001	tr onben,
YES NO (If "No	o," complete It	om 26)					,			
	o, complete it	CIII 20)								
27. AT THE TIME OF YOUR MAI	RRIAGE TO T	HE VETERA	AN, WERE YOU AW	ARE OF ANY	REASON	N THE MARRIA	GE MIGHT NOT E	BE LEGALL	Y VALID?	
☐ YES ☐ NO (If "Ye	es," provide ex	planation):								
<u> </u>			=N							
SECTION IV: DE								REN) OF	THE VETER	RAN)
	(Skip	to Section	V if you are <b>NOT</b>	claiming be	nefits fo	r a child(ren)	of the veteran)			
	28B. DATE (r		28C. SOCIAL			(	Check all that ap	ply)		
28A. NAME OF CHILD (First, middle initial, last name)	year) and Pl BIRT		SECURITY	28D.	28E.	28F.	28G.	28H.	281.	28J. CHILD
(i iist, iiiiddie iiiitiai, iast iiaiiie)	(city/state of		NUMBER	BIOLOGICAL			18-23 YEARS OLD (in school)	SERIOUSL DISABLEI		PREVIOUSLY MARRIED
	(1.3)	,					OLD (III 301001)	DIOADLL	WARRED	WARRED
					]					
If claiming benefits as the su	nivina energ	oo or quete	l Ndian filing for a sk	ild in itomo	20 A thro	augh 20D tall	ue about the abi	ldron liete	d in Itom 20	N who <b>do</b>
<b>not</b> live with you.	rvivirig spous	se or cusic	dian illing for a ci	iliu, iii iteiris	29A (IIIC	Jugii 29D teli	us about the chi	iuren iistei	u III IleIII 20/	A WIIO <b>GO</b>
not live with you.		1 001		TE ADDDEC	<u>- т</u>			Loop	MONTHLY	MOUNT VOL
29A. NAME OF CHIL			<ol> <li>CHILD'S COMPLE and street or rural ro</li> </ol>				PERSON THE C			AMOUNT YOU THE CHILD'S
(First, middle initial, last i	name)	(I Vallibel	State, ZIP Code ar		O., City,	LIVES W	ITH (If applicable)		SUPPO	
				**						
								\$		
		1			+			Ψ		
								\$		
		I						\$		

SECTION V: VETERAN'S PARENT (COMPLE (Skip to Section VI if you are N						
30A. WHAT IS YOUR MARITAL STATUS? (Check one)  MARRIED AND LIVE WITH  OTHER PARENT OF VETERAN  IS NOT THE OTHER PAREN					ED, MARRIED BUT NG WITH SPOUSE	
DIVORCED WIDOWED	☐ WIDOWED ☐ NEVER MARRIED					
30B. IF YOUR MARRIAGE HAS ENDED, PLEASE SPECIFY THE DATE (mo	nth, day	, year) AND	HOW MA	RRIAGE E	NDED (death, divorce)	
30C. IF YOU ARE SEPARATED, WHAT WAS THE CAUSE OF THE SEPARA SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDE		GIVE THE	REASON,	DATE(S) A	AND DURATION OF THE SEPARATION (IF THE	
31A. WHAT IS YOUR SPOUSE'S NAME? (First, middle initial, last name) (Skip to Item 32A if never married or no longer married)	I	VHAT IS YO RTH? (MM			E 31C. WHAT IS YOUR SPOUSE'S SOCIAL SECURITY NUMBER?	
31D. IS YOUR SPOUSE ALSO A VETERAN?  YES NO (If "Yes," complete Item 31E)	31E. V	VHAT IS YO	OUR SPOL	JSE'S VA F	FILE NUMBER? (If applicable)	
32A. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE A OF <i>MAJORITY</i> (AGE 18 IN MOST STATES)?		continuou		age 18 pro	CONTROL (If veteran did not live in your household ovide the time period (dates) when he/she was	
YES NO (If "Yes," skip to Item 34)		(MM DD	YYYY) to	O (MM DE	O YYYY) (MM DD YYYY) to (MM DD YYYY)	
32C. WHY WASN'T THE VETERAN A MEMBER OF YOUR HOUSEHOLD OF AGE OF MAJORITY? (Explain fully)	R UNDE	R YOUR PA	ARENTAL	CONTROL	L AT ALL TIMES BEFORE HE/SHE REACHED THE	
33. NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PAR	RENTAL	CONTROL	OVER TH	HE VETER	AN OUTSIDE THE DATE(S) SHOWN IN ITEM 32B	
A. NAME (FIRST, MIDDLE, LAST)					B. ADDRESS	
		Street ac	ldress, rura	al route, or	P.O. Box Apt. number	
		City	State	ZIP Co	de Country	
		-			·	
		Street ac	ldress, rura	al route, or	P.O. Box Apt. number	
		City	State	ZIP Co	de Country	
34. IF YOU ARE NOT THE BIOLOGICAL PARENT OF THE VETERAN, PRO OF DEATH.	VIDE TH	IE NAMES	OF THE B	SIOLOGICA	AL PARENTS, IF DECEASED, PROVIDE THE DATE	
A. NAME (FIRST, MIDDLE, LAST)	)				B. DATE OF DEATH (MM,DD,YYYY)	
SECTION VI: DIC (COMPLETE ONLY IF CLA (Skip to Section					MNITY COMPENSATION (DIC))	
35. WHAT BENEFIT ARE YOU CLAIMING?				<u> </u>		
DIC DIC under 38 U.S.C. 1151 (RARE)						
36. LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECE	EIVED T	REATMEN	Γ PERTAII	NING TO Y	OUR CLAIM AND PROVIDE TREATMENT DATES:	
A. NAME AND LOCATION OF VA MEDICAL CE				B. DATE(S) OF TREATMENT		

#### SECTION VII: NET WORTH (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)

(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)

37. NET WORTH (DO NOT LEAVE ANY ITEMS BLANK. If your household has no net worth in a particular source, write "0" or "none")

Report total net worth for your household. Identify the **specific** owner for each net worth source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report your net worth and the child's net worth, if any.

SOURCE	AMOUNT	OWNER	SOURCE	AMOUNT	OWNER
CASH/NON-INTEREST BEARING BANK ACCOUNTS	<b>⇔</b>		REAL PROPERTY (Not your home, vehicle, furniture, or clothing)	\$	
INTEREST-BEARING BANK ACCOUNTS	\$		OTHER PROPERTY (Provide source)	\$	
IRA'S, KEOGH PLANS, ETC.	\$		OTHER PROPERTY (Provide source)	\$	
STOCKS, BONDS, MUTUAL FUNDS, ETC.	**		OTHER (Provide source)	\$	

#### SECTION VIII: GROSS MONTHLY INCOME (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)

(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)

38. GROSS MONTHLY INCOME (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report total monthly income for your household. Identify the **specific** income recipient for each income source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report your income and the child's income, if any.

SOURCE	AMOUNT	RECIPIENT	SOURCE	AMOUNT	RECIPIENT
SOCIAL SECURITY	\$		SERVICE RETIREMENT/ SURVIVOR BENEFIT PLAN (SBP) ANNUITY	\$	
SOCIAL SECURITY	\$		SUPPLEMENTAL SECURITY INCOME (SSI)/PUBLIC ASSISTANCE	\$	
U.S. CIVIL SERVICE	\$		OTHER (Provide source)	\$	
U.S. RAILROAD RETIREMENT	\$		OTHER (Provide source)	\$	
BLACK LUNG BENEFITS	\$		OTHER (Provide source)	\$	

#### SECTION IX: EXPECTED INCOME (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)

(Skip to Section XI if you are **NOT** claiming death pension benefits or parents DIC)

39. EXPECTED INCOME - NEXT 12 MONTHS (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report expected total household income for the 12 month period following the veteran's death. If the claim is filed more than one year after the veteran died, report the expected total household income for the 12 month period from the date you sign this application. Identify the **specific** income recipient for each income source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report **your expected income** and the **child's expected income**, if any.

SOURCE	AMOUNT	RECIPIENT	SOURCE	AMOUNT	RECIPIENT
GROSS WAGES AND			OTHER INCOME EXPECTED (Provide source)		
SALARY	\$			\$	
GROSS WAGES AND			OTHER INCOME EXPECTED (Provide source)		
SALARY	\$		(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	\$	
TOTAL DIVIDENDS AND			OTHER INCOME EXPECTED (Provide source)		
INTEREST	\$		,,	\$	

## SECTION X: MEDICAL, LAST ILLNESS, BURIAL, OR OTHER UNREIMBURSED EXPENSES (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)

(Skip to Section XI if you are NOT claiming death pension or parents DIC)

40. MEDICAL, LAST ILLNESS, BURIAL, OR OTHER UNREIMBURSED EXPENSES

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of any continuing family medical expenses such as the monthly Medicare deduction or nursing home costs you pay. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the veteran's or his/her child's last illness and burial and the veteran's just debts. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. Do not include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim.

AMOUNT PAID BY YOU	DATE PAID (mm/dd/yyyy)	PURPOSE (Medicare deduction, nursing home costs, burial expenses, etc.)	PAID TO (Name of nursing home, hospital, funeral home, etc.)	RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID (Spouse, child, etc.)
\$				
\$				
\$				
\$				
\$				

SECTION XI: DIRECT DEPOSIT INFORMATION (MUST COMPLETE)					
The Department of Treasury requires all Federal benefit payments be a Please attach a voided personal check or deposit slip or provide the infedeposit. If you <b>do not</b> have a bank account, you must receive your payer Express Debit MasterCard you must apply at <a href="https://www.usdirectexpress.com">www.usdirectexpress.com</a> must contact representatives handling waiver requests for the Depart participation in EFT and address any questions or concerns you may have	ormation requested below in Items 41, 42, and 43 to enroll in direct ment through Direct Express Debit MasterCard. To request a Direct or by telephone at 1-800-333-1795. If you elect not to enroll, you retirent of Treasury at 1-888-224-2950. They will encourage your				
41. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or	simply write "Established" if you have a direct deposit with VA.)				
	DO NOT HAVE AN ACCOUNT WITH A FUTION OR CERTIFIED PAYMENT AGENT				
42. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)	43. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)				
SECTION XII: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE)					
I certify and authorize the release of information. I certify that the state knowledge. I authorize any person or entity, including but not limited t agency, to give the Department of Veterans Affairs any information at privilege which makes the information confidential.	to any organization, service provider, employer, or government				
I certify I have received the notice attached to this application titled No for Dependency Indemnity Compensation, Death Pension, and/or Acc					
I certify I have enclosed all information or evidence that will support mat a Federal facility, such as a VA medical center; <b>OR</b> , I have no infor checked the box in Item 44, indicating that I do not want my claim comprogram because I plan to submit further evidence in support of my control of the control	mation or evidence to give VA to support my claim; <b>OR</b> , I have nsidered for rapid processing in the Fully Developed Claim (FDC)				
44. The FDC Program is designed to rapidly process compensation of the claim. VA will <i>automatically</i> consider a claim submitted on this for below <b>ONLY if you <u>DO NOT</u> want your claim considered for rapid</b> further evidence in support of your claim.	m for rapid processing under the FDC Program. Check the box				
I <u>DO NOT</u> want my claim considered for rapid processing undevidence in support of my claim.	der the FDC Program because I plan to submit further				
45A. CLAIMANT'S SIGNATURE ( <b>REQUIRED)</b>	45B. DATE SIGNED				
SECTION XIII: WITNESSES TO SIGNATURE (COMPLETE ONLY IF CLAIMANT SIGNED ITEM 45A WITH AN "X")					
46A. SIGNATURE OF WITNESS (If claimant signed above using an "X")	46B. PRINTED NAME AND ADDRESS OF WITNESS				
47A. SIGNATURE OF WITNESS (If claimant signed above using an "X")	47B. PRINTED NAME AND ADDRESS OF WITNESS				

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation and/or pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses 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. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: 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. Your obligation to respond is required in order to obtain or retain benefits. 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. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose 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 your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 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.