FIRST, MIDDLE, LAST NAME OF VETERAN				Department of Veterans Affairs							
			IMF	PROVED VERIF	PENSION ELIC ICATION REPO AN WITH CHILD	GIBILITY ORT					
YOUR COMPLETE MAILING ADDRESS	VA FILE NUMBER										
			VA REGI	ONAL OFFI	CE RETURN ADDRES	SS					
IMPORTANT - Please read the enclosed EVR In	nstructions (VA Form	rior to cor	npleting this	s form.							
1A. YOUR SOCIAL SECURITY NUMBER		1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER									
1C. FIRST, MIDDLE, LAST NAME OF SPOUSE		1D. SPOUSE'S DATE OF BIRTH (Mo., day, yr.)									
2. MARITAL STATUS (Check only one box)											
(1) MARRIED-LIVING WITH SPOUSE (You medical reasons.)	are legally married	and you live	with your	spouse or a	re separated for						
2) MARRIED-NOT LIVING WITH SPOUSE (You are legally married but separated from your spouse.) Show the amount											
you contributed to your spouse's support during the past 12 months \$											
If you separated within the last 12 months, show the date of separation											
(3) NOT MARRIED (You have never marri											
show the date of divorce or death			,								
3A. UNMARRIED DEPENDENT CHILDREN (Red	ad Paragraph 1 of the	EVR Instruc	ctions, VA	Form 21P-0	<u> </u>						
FULL NAME OF EACH CHILD (First, middle initial, last)	DATE OF BIRTH (Mo., day, yr.)	SOCIAL SI				ANY AGE PERMANENTLY					
3B. UNMARRIED DEPENDENT CHILDREN LIST			/E WITH Y	OU NAME OF	DEDSON	MONTHLY AMOUNT					
NAME OF EACH CHILD	CHILD'S COMF ADDRES:			CHILD LIV (If Appli	ES WITH	YOU CONTRIBUTE TO CHILD'S SUPPORT					
						\$					
						\$					
						\$					
4A. ARE YOU A PATIENT IN A NURSING HOME	?				RESS, AND TELEPHONE						
YES NO (If "Yes," Complete Items 4	4B thru 4D. If "No," g	go to Item 5.)	NUME	BER OF NU	RSING HOME (Please	e include Zip Code)					
4B. SHOW THE DATE YOU ENTERED THE NUI	RSING HOME	<u></u>									
AD DOSO MEDIONID COVED ALL OR DADT OF	- VOLID NILIDOINO LI	OME 55500									
4D. DOES MEDICAID COVER ALL OR PART OF YES NO	· YOUR NURSING HO	OME FEES?									
5. DID EITHER YOU OR YOUR SPOUSE RECEIPAST 12 MONTHS?	VE ANY WAGES OR	WERE EITH	ER OF YO	U EMPLOY	ED AT ANY TIME DU	RING THE					
YES NO 6. DO YOU RECEIVE ANY OTHER VA BENEFIT	S AS A VETERAN. P	PARENT. OR	SURVIVIN	G SPOUSE	?						
\square YES \square NO (If "Yes," write in the VA											

		=1 1101		145 /D	1 D	1 2	1.0	C.I. EIID		`			
GROSS MONTHLY AMOUN	NTS (If v							of the EVR I			LANK SPACI	E AS "NONE" or '	<u>"0 ")</u>
SOURCE	110 (1) 7	VETERAN			SPOUSE						CHILD:		
SOCIAL SECURITY		\$		\$				\$					
U. S. CIVIL SERVICE													
U. S. RAILROAD RETIRE	EMENT												
BLACK LUNG BENEFITS	3												
MILITARY RETIREMENT													
OTHER (Show Source)													
OTHER (Show Source)													
OTHER (Show Source)													
NOTE: Report annual incomplete through December) incomplete through December in the December incomplete through December in the De		or the dates inc	dicated. If n	o dates ar	e show	wn above t	he co		ollow, th	en report	last calenda	r year (January	
If no income was receive	d from	a particular so	urce, write "C	" or "none	e". VA	WILL INT	ERPI	RET A BLAN	K SPAC	E AS "NOI	NE" or "0."		
	VETERAN		RAN				SPOUSE			CHILD:			
SOURCE	FROM	FROM: FROM:		FROM:		M:	FROM:			FROM:		FROM:	
00000 WA 050 500M	THRU	:	THRU:		THRU:			THRU:		THRU:		THRU:	
GROSS WAGES FROM ALL EMPLOYMENT	\$		\$		\$			\$		\$		\$	
TOTAL INTEREST AND DIVIDENDS													
ALL OTHER (Show Source)													
ALL OTHER (Show Source)													
7C. DID ANY INCOME C only change was a St any NEW source of i	ocial Se ncome	E (Increase/Decurity/VA cos or any ONE-T	t-of-living a IME income	djustment ?)	. Ansv	wer "YES"	if the	rè were any o	O" if the other inc	l ere were n come chan	o income ch ges or if yo	l nanges or if the u received	
7D. WHAT INCOME CHANGED? (Show what 7E. W			HEN DID THE INCOME CHANGE? (Show 7F. HO)					W DID INCOME CHANGE? (Explain what bened; for example, quit work, got raise, received inheritance)					
		7	G. NET WO	RTH (Rea	d Par	agraph 5 d	f the	EVR Instruc	tions)				
SOURCE				VETERAN			SPOUSE			CHILD:			
CASH/NON- INTEREST-BEARING BANK ACCOUNTS			\$			\$			\$				
INTEREST-BEARING BANK ACCOUNTS													
IRA'S, KEOGH PLANS, ETC.													
STOCKS, BONDS, MUTUAL FUNDS, ETC.													
REAL PROPERTY (Not your home)													
ALL OTHER PROPERTY													
If you are using this form expenses, use VA Form	21P-84	ur annual Eligi 416, Medical E	bility Verifica xpense Rep	ation Repo	ort and	d Paragrap using this f	h 6 c	as a supplem	struction ent to a	s indicates	claim, you d	hould report me to not need to re	dical eport
medical expenses. If enti 9. VETERAN'S EDUCAT Instructions) Show amou	IONAL	AND VOCATION	ONAL REHA	BILITATI	ON EX	XPENSES	(Rea	d Paragraph	7 of the	EVR	the year. \$		
10. FAMILY MAINTENANCE (Hardship) EXPENSES FOR THE NEXT 12 Instructions). Complete ONLY IF VA is currently excluding children's incomplete ONLY IF VA is currently excluding children's incomplete.						MONTHS (Read Paragraph 8 of th				EVR	VR		
family expenses expected for the next 12 months. 11A. SIGNATURE OF VETERAN (Read paragraph 9 of the EVR Instruction)						ions before signing) 11B. [11B. D.	ATE SIGN	<u> </u>		
			11C. TE	LEPHON	E NUI	MBERS (In	clude	e Area Code)	<u> </u>				
DAYTIME EVENING													
DENIAL TEXT TEL 1	11	1/1.	1:1:1	1. 6			1.	. (1. C (1	:11C 1 -	1	. C		C

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.

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