



**NOTICE TO VETERAN/CLAIMANT OF VA FORMS THAT MAY ACCOMPANY  
AN ALTERNATE SIGNER CERTIFICATION FORM**

**IMPORTANT:** The form(s) shown below will be accepted along with the attached VA Form 21-0972, *Alternate Signer Certification*. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).

For **APPEALS**, the required forms are:

- VA Form 20-0995, *Decision Review Request: Supplemental Claim*
- VA Form 20-0996, *Decision Review Request: Higher-Level Review*
- VA Form 10182, *Decision Review Request: Board Appeal (Notice of Disagreement)*

For **COMPENSATION**, the required form is:

- VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*

For **PENSION**, the required forms are:

- VA Form 21P-527EZ, *Application for Pension*
- VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' Dependency and Indemnity Compensation (DIC)*
- VA Form 21P-527, *Income, Net Worth, and Employment Statement*
- VA Form 21P-4165, *Pension Claim Questionnaire for Farm Income*
- VA Form 21P-8049, *Request for Details of Expenses*
- VA Form 21P-8416, *Medical Expense Report*
- VA Form 21P-4185, *Report of Income from Property or Business*
- ALL forms known as *Eligibility Verification Reports (EVR's)*

For **COMPENSATION AND/OR PENSION**, the required forms are:

- VA Form 21-0966, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC*

For **DEPENDENTS**, the required forms are:

- VA Form 21-686c, *Application Request to Add and/or Remove Dependents*

For **SCHOOL AGE CHILD(REN) (Aged 18-23 Years and In School)**, the required forms are:

- VA Form 21-674, *Request for Approval of School Attendance*

For **DEPENDENT PARENT(S)**, the required forms are:

- VA Form 21P-509, *Statement of Dependency of Parent(s)*

For **INDIVIDUAL UNEMPLOYABILITY**, the required forms are:

- VA Form 21-8940, *Veteran's Application for Increased Compensation Based on Unemployability*

For **POST-TRAUMATIC STRESS DISORDER**, the required forms are:

- VA Form 21-0781, *Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD)* or VA Form 21-0781a, *Statement in Support of Claim for Service Connection for PTSD Secondary to Personal Assault*

For **SPECIALLY ADAPTED HOUSING OR SPECIAL HOME ADAPTATION**, the required forms are:

- VA Form 26-4555, *Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant*

For **AUTO ALLOWANCE**, the required forms are:

- VA Form 21-4502, *Application for Automobile or Other Conveyance and Adaptive Equipment*

For **SURVIVORS BENEFITS** the required forms are:

- VA Form 21P-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefit*
- VA Form 21P-534, *Application for Dependency and Indemnity Compensation, Death Pension, and Accrued Benefits by Surviving Spouse or Child*
- VA Form 21P-534a, *Application for Dependency and Indemnity Compensation by a Surviving Spouse or Child - In-Service Death Only*
- VA Form 21P-535, *Application for Dependency and Indemnity Compensation by Parent(s)*
- VA Form 21P-8924, *Application of Surviving Spouse or Child for REPS Benefits (Restored Entitlement Program for Survivors)*

For **ACCRUED BENEFITS** the required forms are:

- VA Form 21P-601, *Application for Accrued Amounts Due a Deceased Beneficiary*


For **PHILIPPINE CLAIMS** the required forms are:

- VA Form 21-0704, *Supplemental Income Questionnaire*
- VA Form 21-4169, *Supplement to VA Forms 21-526EZ, 21P-534EZ, and 21P-535 (For Philippine Claims)*

For **BENEFITS FOR CERTAIN CHILDREN WITH DISABILITIES** the required forms are:

- VA Form 21-0304, *Application for Benefits for a Qualifying Veteran's Child Born with Disabilities*

**NOTE:** For more information on VA benefits, visit our web site at [www.va.gov](http://www.va.gov), contact us at <https://iris.custhelp.com/>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711.

 <b>Department of Veterans Affairs</b>		<b>VA DATE STAMP</b> (DO NOT WRITE IN THIS SPACE)
<b>ALTERNATE SIGNER CERTIFICATION</b>		
<b>INSTRUCTIONS:</b> This form is to be completed by the individual signing the benefit application form on behalf of the veteran/claimant. <b>Note:</b> For purposes of this form, the individual signing the form on behalf of the veteran/claimant is referred to as the "alternate signer." Your accurate and complete answers to the questions on this form are important to help VA complete the veteran/claimant's claim.		
<b>SECTION I: VETERAN'S IDENTIFICATION INFORMATION</b>		
<b>NOTE:</b> You may <i>either</i> complete the form online or by hand. Please print your information using blue or black ink, neatly, and legibly to help process the form.		
<b>IMPORTANT:</b> Submit this form along with the appropriate benefit application form. The application form depends on the benefit you are claiming on behalf of the veteran/claimant. Also, submit any supporting documents or evidence to help VA complete the claim. See page 1 for a list of appropriate benefit application forms.		
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 Month      Day      Year
<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20px;"></div><div style="width: 20px;"></div></div> - <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div></div>	<div style="border: 1px solid black; width: 150px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 30px;"></div><div style="width: 30px;"></div><div style="width: 30px;"></div><div style="width: 30px;"></div><div style="width: 30px;"></div><div style="width: 30px;"></div><div style="width: 30px;"></div><div style="width: 30px;"></div></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20px;"></div><div style="width: 20px;"></div></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20px;"></div><div style="width: 20px;"></div></div> - <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 30px;"></div><div style="width: 30px;"></div></div>
5. HAS THE VETERAN EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. VETERAN'S SERVICE NUMBER (If applicable)
		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div></div>
<b>SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION (Complete this section if the claimant is other than the veteran)</b>		
7. CLAIMANT'S NAME (First, middle initial, last)		
8. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)		
No. & Street <div style="border: 1px solid black; width: 850px; height: 20px;"></div>		
Apt./Unit Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> City <div style="border: 1px solid black; width: 400px; height: 20px;"></div>		
State/Province <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Country <div style="border: 1px solid black; width: 40px; height: 20px;"></div> ZIP Code/Postal Code <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 50px;"></div><div style="width: 50px;"></div></div> - <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 30px;"></div><div style="width: 30px;"></div></div>		
9. CLAIMANT'S SOCIAL SECURITY NUMBER	10. CLAIMANT'S RELATIONSHIP TO VETERAN	
<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20px;"></div><div style="width: 20px;"></div></div> - <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div></div>	<input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD	
11. CLAIMANT'S PREFERRED TELEPHONE NUMBER (Include Area Code)		12. CLAIMANT'S PREFERRED E-MAIL ADDRESS (If applicable)
<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20px;"></div><div style="width: 20px;"></div></div> - <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div></div>		
<b>SECTION III: ALTERNATE SIGNER'S IDENTIFICATION INFORMATION</b>		
13. ALTERNATE SIGNER'S NAME (First, middle initial, last)		
14. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)		
No. & Street <div style="border: 1px solid black; width: 850px; height: 20px;"></div>		
Apt./Unit Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div> City <div style="border: 1px solid black; width: 400px; height: 20px;"></div>		
State/Province <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Country <div style="border: 1px solid black; width: 40px; height: 20px;"></div> ZIP Code/Postal Code <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 50px;"></div><div style="width: 50px;"></div></div> - <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 30px;"></div><div style="width: 30px;"></div></div>		
15. ALTERNATE SIGNER'S PREFERRED TELEPHONE NUMBER (Include Area Code)		16. ALTERNATE SIGNER'S PREFERRED E-MAIL ADDRESS (If applicable)
<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div></div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20px;"></div><div style="width: 20px;"></div></div> - <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div><div style="width: 25px;"></div></div>		
17. ALTERNATE SIGNER'S RELATIONSHIP TO VETERAN/CLAIMANT ( <b>Note:</b> You must check at least one box)		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> A COURT-APPOINTED REPRESENTATIVE AN ATTORNEY IN FACT OR AGENT AUTHORIZED TO ACT ON BEHALF OF THE VETERAN/CLAIMANT UNDER DURABLE POWER OF ATTORNEY</div><div style="width: 45%;"><input type="checkbox"/> A PERSON WHO IS RESPONSIBLE FOR THE CARE OF THE VETERAN/CLAIMANT, TO INCLUDE BUT NOT LIMITED TO A SPOUSE OR OTHER RELATIVE <input type="checkbox"/> A MANAGER OR PRINCIPAL OFFICER ACTING ON BEHALF OF AN INSTITUTION WHICH IS RESPONSIBLE FOR THE CARE OF THE VETERAN/CLAIMANT</div></div>		

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**SECTION IV: VETERAN/CLAIMANT INFORMATION**18. VETERAN/CLAIMANT IS: (Check **ALL** that apply)

- ☐ UNDER 18 YEARS OF AGE
- ☐ MENTALLY INCOMPETENT TO PROVIDE SUBSTANTIALLY ACCURATE INFORMATION NEEDED TO COMPLETE THE CLAIMS FORM, OR TO CERTIFY THAT STATEMENTS MADE ON THE FORM ARE TRUE AND COMPLETE, OR
- ☐ PHYSICALLY UNABLE TO SIGN THE CLAIMS FORM

**SECTION V: ALTERNATE SIGNER'S DECLARATION OF INTENT**

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the veteran/claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing my authority to act for the veteran/claimant with a judge's signature and date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the veteran/claimant and my authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the veteran/claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

19A. AUTHORIZED SIGNER'S SIGNATURE (*Required*) (*Sign in ink*)19B. DATE SIGNED (*MM,DD,YYYY*)20. REMARKS (*If any*)

**PRIVACY ACT NOTICE:** 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 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 voluntary. 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. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the veteran/claimant.

**RESPONDENT BURDEN:** We need this information to determine entitlement to act as the alternate signer for a veteran/claimant in submitting a claim for VA benefits (38 U.S.C. 5101). 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 [www.reginfo.gov/public.do/PRAMain](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.