



## INCOME AND ASSET STATEMENT IN SUPPORT OF CLAIM FOR PENSION OR PARENTS' DEPENDENCY AND INDEMNITY COMPENSATION (D.I.C.)

### SECTION I: VETERAN'S IDENTIFICATION INFORMATION

1A. VETERAN'S NAME (First, Middle Initial (M.I.), Last)

First:

MI:

Last:

1B. VETERAN'S SOCIAL SECURITY NUMBER

1C. VETERAN'S FILE NUMBER (If known)

### SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION

(If you are the Veteran, skip questions 2A and 2B)

2A. CLAIMANT'S NAME (First, Middle Initial (M.I.), Last)

First:

MI:

Last:

2B. CLAIMANT'S SOCIAL SECURITY NUMBER

2C. CLAIMANT'S TELEPHONE NUMBER (If known)

2D. TYPE OF CLAIMANT (Check only one box)

☐ VETERAN

☐ SURVIVING SPOUSE

☐ SURVIVING CHILD

☐ PARENT

☐ CUSTODIAN OF CHILD BENEFICIARY

This form is designed to provide VA with your income and net worth during a specific date range to determine your eligibility or adjust your benefits. If you are submitting an initial application, report current information. Your effective date is typically the earliest of the following dates:

- Date VA receives your application
- Date VA receives your intent to file
- Date of Veteran's death (Survivor's Benefits only)

If you are submitting this form as a response to VA correspondence, report your income and net worth information during the date range specified in that correspondence. If you are reporting an income change, report changes from the date the change took effect.

**NOTE:** Submit a separate VA Form 21P-0969 if reporting income and net worth information for additional date ranges.

2E. THE INFORMATION ON THIS FORM REPRESENTS INCOME AND NET WORTH FOR THE FOLLOWING PERIOD ((MM/DD/YYYY) THROUGH (MM/DD/YYYY)):  
THROUGH -OR- ☐ DATE RECEIVED BY VA (For initial claims only.)

### SECTION III: RECURRING INCOME NOT ASSOCIATED WITH ACCOUNTS OR ASSETS

(See instructions on Page 2)

3A. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE ANY INCOME IN THE NEXT 12 MONTHS FROM SOURCES NOT RELATED TO AN ACCOUNT OR YOUR ASSETS?

☐ YES

☐ NO (If "NO," skip to Section IV)

|     |   |  |  |
|-----|---|--|--|
| 3B. | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other) |  |
|     | (3). SPECIFY THE TYPE OF INCOME<br><input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> RETIREMENT/PENSION <input type="checkbox"/> WAGES <input type="checkbox"/> UNEMPLOYMENT<br><input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> OTHER (Specify):    | (4). GROSS MONTHLY INCOME<br>\$ , .  |  |
|     | (5). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)   |  |  |
| 3C. | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other) |  |
|     | (3). SPECIFY THE TYPE OF INCOME<br><input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> RETIREMENT/PENSION <input type="checkbox"/> WAGES <input type="checkbox"/> UNEMPLOYMENT<br><input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> OTHER (Specify):    | (4). GROSS MONTHLY INCOME<br>\$ , .  |  |
|     | (5). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)   |  |  |

**SECTION III: RECURRING INCOME NOT ASSOCIATED WITH ACCOUNTS OR ASSETS (Continued)***(See instructions on Page 2)*

|     |   |  |
|-----|---|--|
| 3D. | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other) |
|     | (3). SPECIFY THE TYPE OF INCOME<br><input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> RETIREMENT/PENSION <input type="checkbox"/> WAGES <input type="checkbox"/> UNEMPLOYMENT<br><input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> OTHER (Specify):    | (4). GROSS MONTHLY INCOME<br>\$ , .  |
|     | (5). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)   |  |
| 3E. | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other) |
|     | (3). SPECIFY THE TYPE OF INCOME<br><input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> RETIREMENT/PENSION <input type="checkbox"/> WAGES <input type="checkbox"/> UNEMPLOYMENT<br><input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> OTHER (Specify):    | (4). GROSS MONTHLY INCOME<br>\$ , .  |
|     | (5). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)   |  |
| 3F. | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other) |
|     | (3). SPECIFY THE TYPE OF INCOME<br><input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> RETIREMENT/PENSION <input type="checkbox"/> WAGES <input type="checkbox"/> UNEMPLOYMENT<br><input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> OTHER (Specify):    | (4). GROSS MONTHLY INCOME<br>\$ , .  |
|     | (5). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)   |  |

**SECTION IV: INCOME AND NET WORTH ASSOCIATED WITH FINANCIAL ACCOUNTS***(See instructions on Page 2)*

|   |   |   |
|---|---|---|
| 4A. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE ANY INCOME IN THE NEXT 12 MONTHS THAT IS RELATED TO FINANCIAL ACCOUNTS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," skip to Section V) |   |   |
| 4B.   | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (4). SPECIFY THE TYPE OF INCOME EARNED<br><input type="checkbox"/> INTEREST <input type="checkbox"/> DIVIDENDS<br><input type="checkbox"/> OTHER (Specify): |
|   | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  | (5). GROSS MONTHLY INCOME<br>\$ , .   |
|   | (3). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)   | (6). VALUE OF ACCOUNT<br>\$ , , .   |
| 4C.   | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (4). SPECIFY THE TYPE OF INCOME EARNED<br><input type="checkbox"/> INTEREST <input type="checkbox"/> DIVIDENDS<br><input type="checkbox"/> OTHER (Specify): |
|   | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  | (5). GROSS MONTHLY INCOME<br>\$ , .   |
|   | (3). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)   | (6). VALUE OF ACCOUNT<br>\$ , , .   |
| 4D.   | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (4). SPECIFY THE TYPE OF INCOME EARNED<br><input type="checkbox"/> INTEREST <input type="checkbox"/> DIVIDENDS<br><input type="checkbox"/> OTHER (Specify): |
|   | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  | (5). GROSS MONTHLY INCOME<br>\$ , .   |
|   | (3). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)   | (6). VALUE OF ACCOUNT<br>\$ , , .   |

**SECTION IV: INCOME AND NET WORTH ASSOCIATED WITH FINANCIAL ACCOUNTS (Continued)***(See instructions on Page 2)*

|     |   |   |
|-----|---|---|
| 4E. | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (4). SPECIFY THE TYPE OF INCOME EARNED<br><input type="checkbox"/> INTEREST <input type="checkbox"/> DIVIDENDS<br><input type="checkbox"/> OTHER (Specify): |
|     | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  | (5). GROSS MONTHLY INCOME<br>\$ , .   |
|     | (3). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)   | (6). VALUE OF ACCOUNT<br>\$ , .   |
| 4F. | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (4). SPECIFY THE TYPE OF INCOME EARNED<br><input type="checkbox"/> INTEREST <input type="checkbox"/> DIVIDENDS<br><input type="checkbox"/> OTHER (Specify): |
|     | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  | (5). GROSS MONTHLY INCOME<br>\$ , .   |
|     | (3). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)   | (6). VALUE OF ACCOUNT<br>\$ , .   |

**SECTION V: INCOME AND NET WORTH ASSOCIATED WITH OWNED ASSETS***(See instructions on Page 2)*

|   |   |  |
|---|---|--|
| 5A. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE ANY INCOME IN THE NEXT 12 MONTHS GENERATED BY OWNED PROPERTY OR OTHER PHYSICAL ASSETS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," skip to Section VI) |   |  |
| 5B.   | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (4). GROSS MONTHLY INCOME<br>\$ , .                          |
|   | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  | (5). SPECIFY VALUE OF YOUR PORTION OF THE PROPERTY<br>\$ , . |
|   | (3). IDENTIFY THE TYPE OF ASSET AND SUBMIT THE REQUIRED FORM ASSOCIATED<br><input type="checkbox"/> FARM - VA FORM 21P-4165 <input type="checkbox"/> BUSINESS - VA FORM 21P-4185 <input type="checkbox"/> RENTAL PROPERTY - VA FORM 21P-4185  |  |
| 5C.   | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (4). GROSS MONTHLY INCOME<br>\$ , .                          |
|   | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  | (5). SPECIFY VALUE OF YOUR PORTION OF THE PROPERTY<br>\$ , . |
|   | (3). IDENTIFY THE TYPE OF ASSET AND SUBMIT THE REQUIRED FORM ASSOCIATED<br><input type="checkbox"/> FARM - VA FORM 21P-4165 <input type="checkbox"/> BUSINESS - VA FORM 21P-4185 <input type="checkbox"/> RENTAL PROPERTY - VA FORM 21P-4185  |  |
| 5D.   | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (4). GROSS MONTHLY INCOME<br>\$ , .                          |
|   | (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  | (5). SPECIFY VALUE OF YOUR PORTION OF THE PROPERTY<br>\$ , . |
|   | (3). IDENTIFY THE TYPE OF ASSET AND SUBMIT THE REQUIRED FORM ASSOCIATED<br><input type="checkbox"/> FARM - VA FORM 21P-4165 <input type="checkbox"/> BUSINESS - VA FORM 21P-4185 <input type="checkbox"/> RENTAL PROPERTY - VA FORM 21P-4185  |  |

**SECTION VI: INCOME AND NET WORTH ASSOCIATED WITH ROYALTIES AND OTHER PROPERTIES***(See instructions on Page 2)*

6A. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE ANY INCOME AND NET WORTH ASSOCIATED WITH ROYALTIES AND OTHER PROPERTIES?

☐ YES ☐ NO *(If "NO," skip to Section VII)*

|     |   |  |   |
|-----|---|--|---|
| 6B. | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER <i>(Specify)</i> : |  | (2). SPECIFY NAME OF INCOME RECIPIENT <i>(Only needed if Custodian of child, child, parent, or other)</i> |
|     | (3). SPECIFY HOW INCOME IS GENERATED FROM THIS ASSET<br><input type="checkbox"/> BENEFITS FROM INTELLECTUAL PROPERTY <input type="checkbox"/> EXTRACTION OF MINERALS/LUMBER <input type="checkbox"/> USE OF LAND<br><input type="checkbox"/> OTHER <i>(Specify)</i> :                       |  |   |
|     | (4). GROSS MONTHLY INCOME<br>\$ , .   | (5). SPECIFY FAIR MARKET VALUE OF THIS ASSET<br>\$ , . | (6). CAN THE ASSET BE SOLD?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                   |
|     | (7). EXPLAIN ANY MITIGATING CIRCUMSTANCES THAT PREVENT THE SALE OF THIS ASSET   |  |   |
|     |   |  |   |
| 6C. | (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER <i>(Specify)</i> : |  | (2). SPECIFY NAME OF INCOME RECIPIENT <i>(Only needed if Custodian of child, child, parent, or other)</i> |
|     | (3). SPECIFY HOW INCOME IS GENERATED FROM THIS ASSET<br><input type="checkbox"/> BENEFITS FROM INTELLECTUAL PROPERTY <input type="checkbox"/> EXTRACTION OF MINERALS/LUMBER <input type="checkbox"/> USE OF LAND<br><input type="checkbox"/> OTHER <i>(Specify)</i> :                       |  |   |
|     | (4). GROSS MONTHLY INCOME<br>\$ , .   | (5). SPECIFY FAIR MARKET VALUE OF THIS ASSET<br>\$ , . | (6). CAN THE ASSET BE SOLD?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                   |
|     | (7). EXPLAIN ANY MITIGATING CIRCUMSTANCES THAT PREVENT THE SALE OF THIS ASSET   |  |   |
|     |   |  |   |

**SECTION VII: ASSET TRANSFERS***(See instructions on Page 2)*

7A. IN THE CURRENT YEAR AND/OR PRIOR 3 TAX YEARS, DID YOU OR YOUR DEPENDENTS SELL, CONVEY, TRADE, OR GIVE AWAY ANY ASSETS?

☐ YES ☐ NO *(If "NO," skip to Section VIII)*

|     |   |  |   |
|-----|---|--|---|
| 7B. | (1). SPECIFY ASSET'S ORIGINAL OWNER'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER <i>(Specify)</i> : |  | (7). SPECIFY DATE OF TRANSFER <i>(MM/DD/YYYY)</i><br>— —  |
|     | (2). SPECIFY HOW THE ASSET WAS TRANSFERRED<br><input type="checkbox"/> SOLD <input type="checkbox"/> GAVE AWAY <input type="checkbox"/> CONVEYED <input type="checkbox"/> TRADED<br><input type="checkbox"/> OTHER <i>(Specify)</i> :   |  | (8). WAS THE ASSET TRANSFERRED FOR LESS THAN FAIR MARKET VALUE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|     | (3). WHAT ASSET WAS TRANSFERRED?  |  | (9). WHAT WAS THE FAIR MARKET VALUE WHEN TRANSFERRED?<br>\$ , .   |
|     | (4). WHO RECEIVED THE ASSET?  |  | (10). WHAT WAS THE SALE PRICE? <i>(If applicable)</i><br>\$ , .   |
|     | (5). RELATIONSHIP TO NEW OWNER  |  | (11). WHAT WAS THE GAIN? <i>(Capital gain, etc.)</i><br>\$ , .  |
|     | (6). WAS THE SALE OF THE ASSET REPORTED TO THE IRS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   |
|     |   |  |   |

**SECTION VII: ASSET TRANSFERS (Continued)**  
(See instructions on Page 2)

|     |   |   |
|-----|---|---|
| 7C. | (1). SPECIFY ASSET'S ORIGINAL OWNER'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (7). SPECIFY DATE OF TRANSFER (MM/DD/YYYY)<br><br><div style="text-align: center;">— —</div>                                |
|     | (2). SPECIFY HOW THE ASSET WAS TRANSFERRED<br><input type="checkbox"/> SOLD <input type="checkbox"/> GAVE AWAY <input type="checkbox"/> CONVEYED <input type="checkbox"/> TRADED<br><input type="checkbox"/> OTHER (Specify):   | (8). WAS THE ASSET TRANSFERRED FOR LESS THAN FAIR MARKET VALUE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|     | (3). WHAT ASSET WAS TRANSFERRED?  | (9). WHAT WAS THE FAIR MARKET VALUE WHEN TRANSFERRED?<br>\$ , .   |
|     | (4). WHO RECEIVED THE ASSET?  | (10). WHAT WAS THE SALE PRICE? (If applicable)<br>\$ , .  |
|     | (5). RELATIONSHIP TO NEW OWNER  | (11). WHAT WAS THE GAIN? (Capital gain, etc.)<br>\$ , .   |
|     | (6). WAS THE SALE OF THE ASSET REPORTED TO THE IRS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |   |

  

|     |   |   |
|-----|---|---|
| 7D. | (1). SPECIFY ASSET'S ORIGINAL OWNER'S RELATIONSHIP TO VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (7). SPECIFY DATE OF TRANSFER (MM/DD/YYYY)<br><br><div style="text-align: center;">— —</div>                                |
|     | (2). SPECIFY HOW THE ASSET WAS TRANSFERRED<br><input type="checkbox"/> SOLD <input type="checkbox"/> GAVE AWAY <input type="checkbox"/> CONVEYED <input type="checkbox"/> TRADED<br><input type="checkbox"/> OTHER (Specify):   | (8). WAS THE ASSET TRANSFERRED FOR LESS THAN FAIR MARKET VALUE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|     | (3). WHAT ASSET WAS TRANSFERRED?  | (9). WHAT WAS THE FAIR MARKET VALUE WHEN TRANSFERRED?<br>\$ , .   |
|     | (4). WHO RECEIVED THE ASSET?  | (10). WHAT WAS THE SALE PRICE? (If applicable)<br>\$ , .  |
|     | (5). RELATIONSHIP TO NEW OWNER  | (11). WHAT WAS THE GAIN? (Capital gain, etc.)<br>\$ , .   |
|     | (6). WAS THE SALE OF THE ASSET REPORTED TO THE IRS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |   |

**SECTION VIII: TRUSTS**  
(See instructions on Page 2)

|   |   |   |
|---|---|---|
| 8A. HAVE YOU OR YOUR DEPENDENTS ESTABLISHED A TRUST OR DO YOU OR YOUR DEPENDENTS HAVE ACCESS TO A TRUST? (If you have more than one trust to report, submit the information on a separate VA Form 21P-0969 or provide the information on VA Form 21-4138 for each trust established.)<br><input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," skip to Section IX) |   |   |
| 8B. DATE TRUST ESTABLISHED (MM/DD/YYYY)<br><br><div style="text-align: center;">— —</div>   | 8C. SPECIFY MARKET VALUE OF ALL ASSETS WITHIN THE TRUST AT TIME OF ESTABLISHMENT<br><br><div style="text-align: center;">\$ , .</div>                                   | 8D. SPECIFY TYPE OF TRUST ESTABLISHED<br><input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE<br><input type="checkbox"/> BURIAL TRUST |
| 8E. HAVE YOU ADDED FUNDS TO THE TRUST AFTER IT WAS ESTABLISHED?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO   | 8F. WHEN DID YOU ADD FUNDS? (MM/DD/YYYY) (If more than one date, submit a VA Form 21-4138 with all dates and amounts)<br><br><div style="text-align: center;">— —</div> | 8G. HOW MUCH DID YOU ADD?<br><br><div style="text-align: center;">\$ , .</div>  |
| 8H. ARE YOU RECEIVING INCOME FROM THE TRUST?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   | 8I. HOW MUCH DO YOU RECEIVE ANNUALLY?<br><div style="text-align: center;">\$ , .</div>  |
| 8J. IS THE TRUST BEING USED TO PAY FOR OR TO REIMBURSE SOMEONE ELSE FOR YOUR MEDICAL EXPENSES? (Such as guardian, family member or other service provider)<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   | 8K. HOW MUCH IS BEING REIMBURSED MONTHLY?<br><div style="text-align: center;">\$ , .</div>  |
| 8L. WAS THE TRUST ESTABLISHED FOR A CHILD OF THE VETERAN WHO WAS INCAPABLE OF SELF-SUPPORT PRIOR TO REACHING AGE 18?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |   | 8M. DO YOU HAVE ANY ADDITIONAL AUTHORITY OR CONTROL OF THE TRUST?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                             |

**SECTION IX: ANNUITIES**  
(See instructions on Page 2)

9A. HAVE YOU OR YOUR DEPENDENTS ESTABLISHED AN ANNUITY? (If you have more than one annuity to report, submit the information below on a separate VA Form 21P-0969, or provide the below information on VA Form 21-4138 for each annuity established.)

☐ YES ☐ NO (If "NO," skip to Section X)

9B. SPECIFY DATE ANNUITY WAS ESTABLISHED  
(MM/DD/YYYY)

— —

9C. SPECIFY MARKET VALUE OF ASSET AT TIME OF ANNUITY PURCHASE

\$ , .

9D. HAVE YOU ADDED FUNDS TO THE ANNUITY IN THE CURRENT OR PRIOR THREE YEARS?

☐ YES ☐ NO

9E. WHEN DID YOU ADD FUNDS? (MM/DD/YYYY)

— —

9F. HOW MUCH DID YOU ADD?

\$ , .

9G. IS THE ANNUITY REVOCABLE OR IRREVOCABLE?

☐ REVOCABLE ☐ IRREVOCABLE

9H. DO YOU RECEIVE INCOME FROM THE ANNUITY?

☐ YES ☐ NO

9I. IF YES IN 9H, PROVIDE ANNUAL AMOUNT RECEIVED (If NO, skip to 9J)

\$ , .

9J. CAN THE ANNUITY BE LIQUIDATED?

☐ YES ☐ NO

9K. IF YES IN 9J, PROVIDE THE SURRENDER VALUE (If NO, skip to Section X)

\$ , .

**SECTION X: ASSETS PREVIOUSLY NOT REPORTED**  
(See instructions on Page 2)

10A. DO YOU OR YOUR DEPENDENTS HAVE ASSETS NOT ALREADY REPORTED?

☐ YES ☐ NO (If "NO," skip to Section XI)

|      |  |   |
|------|--|---|
| 10B. | (1). SPECIFY ASSET OWNER'S RELATIONSHIP TO THE VETERAN<br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (Specify): | (3). SPECIFY VALUE OF YOUR PORTION OF THE PROPERTY<br>\$ , .                |
|      | (2). SPECIFY TYPE OF ASSET (Cash, art, etc.)   | (4). SPECIFY ASSET LOCATION (Financial institution, property address, etc.) |
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| <b>SECTION XI: DISCONTINUED OR IRREGULAR INCOME</b><br><i>(See instructions on Page 2)</i>   |  |   |  |  |  |   |   |  |
|--|--|---|--|--|--|---|---|--|
| <b>11A. DID YOU OR YOUR DEPENDENTS RECEIVE INCOME THAT HAS STOPPED OR IS NO LONGER BEING RECEIVED WITHIN:<br/>THE REPORTING PERIOD (From question 2E)? - OR - LAST FULL CALENDAR YEAR (For initial claim)?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO," skip to Section XII)</i>   |  |   |  |  |  |   |   |  |
| <b>11B.</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%; padding: 5px;"> <b>(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN</b><br/> <input type="checkbox"/> VETERAN    <input type="checkbox"/> SPOUSE    <input type="checkbox"/> CUSTODIAN OF CHILD    <input type="checkbox"/> CHILD<br/> <input type="checkbox"/> PARENT    <input type="checkbox"/> OTHER <i>(Specify):</i> </td> <td style="width: 35%; padding: 5px;"> <b>(5). SPECIFY FREQUENCY OF INCOME RECEIVED</b><br/> <input type="checkbox"/> RECURRING    <input type="checkbox"/> IRREGULAR<br/> <input type="checkbox"/> ONE TIME PAYMENT </td> </tr> <tr> <td style="padding: 5px;"> <b>(2). SPECIFY NAME OF INCOME RECIPIENT</b> <i>(Only needed if Custodian of child, child, parent, or other)</i> </td> <td style="padding: 5px;"> <b>(6). DATE INCOME LAST PAID (MM/DD/YYYY)</b><br/> <div style="text-align: center;">— —</div> </td> </tr> <tr> <td style="padding: 5px;"> <b>(3). SPECIFY INCOME PAYER</b> <i>(Name of business, financial institution, etc.)</i> </td> <td rowspan="2" style="padding: 5px;"> <b>(7). WHAT WAS THE GROSS ANNUAL AMOUNT REPORTED TO THE IRS?</b><br/><br/> <div style="text-align: right;">\$ , .</div> </td> </tr> <tr> <td style="padding: 5px;"> <b>(4). SPECIFY TYPE OF INCOME RECEIVED</b> <i>(Interest, dividends, etc.)</i> </td> </tr> </table> | <b>(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN</b><br><input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> CUSTODIAN OF CHILD <input type="checkbox"/> CHILD<br><input type="checkbox"/> PARENT <input type="checkbox"/> OTHER <i>(Specify):</i> | <b>(5). SPECIFY FREQUENCY OF INCOME RECEIVED</b><br><input type="checkbox"/> RECURRING <input type="checkbox"/> IRREGULAR<br><input type="checkbox"/> ONE TIME PAYMENT | <b>(2). SPECIFY NAME OF INCOME RECIPIENT</b> <i>(Only needed if Custodian of child, child, parent, or other)</i> | <b>(6). DATE INCOME LAST PAID (MM/DD/YYYY)</b><br><div style="text-align: center;">— —</div>   | <b>(3). SPECIFY INCOME PAYER</b> <i>(Name of business, financial institution, etc.)</i> | <b>(7). WHAT WAS THE GROSS ANNUAL AMOUNT REPORTED TO THE IRS?</b><br><br><div style="text-align: right;">\$ , .</div> | <b>(4). SPECIFY TYPE OF INCOME RECEIVED</b> <i>(Interest, dividends, etc.)</i> |
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| <b>SECTION XII: WAIVER OF RECEIPT OF INCOME</b><br><i>(See instructions on Page 2)</i>   |  |   |  |  |  |   |   |  |
| <b>12A. DID YOU OR YOUR DEPENDENTS WAIVE OR EXPECT TO WAIVE ANY RECEIPT OF INCOME IN THE NEXT 12 MONTHS?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO," skip to Section XIII Certification and Signature)</i>  |  |   |  |  |  |   |   |  |
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| <b>SECTION XIII: CERTIFICATION AND SIGNATURE</b>   |  |   |  |  |  |   |   |  |
| <b>I CERTIFY THAT</b> the statements on the form are true and correct to the best of my knowledge and belief. <b>I UNDERSTAND THAT</b> without consent, the Department of Veterans Affairs (VA) may disclose information that I provide to entities under a published "routine use." Under such a routine use, the VA may disclose information to third party entities that participate in VA claims processing and are authorized to assist the VA in administering benefits; to other federal agencies under computer matching programs, such as those with the Internal Revenue Service, Social Security Administration, Selective Service System, Department of Homeland Security, Department of Justice; and to members of Congress if they are assisting to help with Veteran's benefit questions. |  |   |  |  |  |   |   |  |
| <b>13A. SIGNATURE</b>  | <b>13B. DATE SIGNED (MM/DD/YYYY)</b><br><div style="text-align: center;">— —</div>   |   |  |  |  |   |   |  |