

| SECTION IV: STUDENT'S INFORMATION <i>(See Instructions on Page 3, for additional information)</i> | | |
|---|---|---|
| 13. REPORT OF INCOME BY CALENDAR YEAR <i>(IMPORTANT: Do NOT report VA benefits)</i> | | |
| A. SOURCE | B. RECEIVED <i>(Report for year in which school term begins - See Item 11)</i> | C. EXPECTED <i>(Report for year following Column B)</i> |
| EARNINGS FROM ALL EMPLOYMENT | \$ <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | \$ <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> |
| ANNUAL SOCIAL SECURITY | \$ <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | \$ <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> |
| OTHER ANNUITIES | \$ <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | \$ <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> |
| ALL OTHER INCOME (<i>i.e. interest, dividends, etc.</i>) | \$ <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | \$ <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> |
| 14. VALUE OF ESTATE | | |
| A. SAVINGS (<i>Including cash</i>) | \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | |
| B. SECURITIES, BONDS, ETC. | \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | |
| C. REAL ESTATE (<i>Not your home</i>) | \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | |
| D. ALL OTHER ASSETS | \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | |
| E. TOTAL VALUE | \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | |
| SECTION V: REMARKS | | |
| 15. REMARKS (<i>If any</i>) | | |
| SECTION VI: CERTIFICATION AND SIGNATURE | | |
| <p>NOTE: This part will be completed by the student only if they have attained majority and are claiming benefits on their own behalf. Otherwise, the veteran, surviving spouse, guardian or custodian will sign, date and enter their relationship to the student and telephone number in Items 16A through 16D.</p> | | |
| <p>Receipt by the student of VA Dependents' Educational Assistance (DEA), the Federal Employee's Compensation Act, or benefit from another Federal Agency (i.e. U.S. Service Academy, U.S. Merchant Marine Academy, Bureau of Indian Affairs, etc.) with additional compensation payments based on the student's school attendance is considered a duplication of benefits and is prohibited.</p> | | |
| <p>I CERTIFY THAT the information given above is true and correct to the best of my knowledge and belief and request approval of the education or training shown above.</p> | | |
| <p>I AGREE to notify the Department of Veterans Affairs immediately of any changes in my education, transfer to another school, discontinuance of school attendance, receipt of DEA, or marriage prior to completion of my education. I understand that continued entitlement to school attendance may be based on information I have furnished on this form.</p> | | |
| 16A. VETERAN/CLAIMANT/STUDENT SIGNATURE (REQUIRED) | | 16B. DATE SIGNED (MM/DD/YYYY) <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> |
| 16D. TELEPHONE NUMBER (<i>Include Area Code</i>) <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> | | Enter International Phone Number (<i>If applicable</i>) _____ |
| <p>PENALTY: The law provides severe penalties (including fine or imprisonment) for willfully submitting any statement or evidence of a material fact you know to be false, or for fraudulent receipt of any document you are not entitled to.</p> | | |

INSTRUCTIONS

NOTE: Read the instructions carefully before completing this form.

How do I complete VA Form 21-674?

VA Form 21-674 should be completed by the person receiving or claiming benefits for a veteran's child who is at least 18 but under 23 and attending school. The veteran's child should complete the form **only if** you have reached the age of majority and is or will be entitled to receive direct payment of VA benefits. **NOTE:** The age of majority is determined by State law; it is age 18 in most states.

After completing this form, please use the related mailing address below to submit:

| COMPENSATION CLAIMS | PENSION & SURVIVORS BENEFIT CLAIMS |
|--|---|
| Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444 | Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365 |

NOTE: Use VA Form 21-674b, *School Attendance Report*, to report to VA any change in the child's status, such as termination of school attendance or marriage.

SECTION III

All claimants must complete this part. Answer "Yes" to Item 9A **only if** the student is in receipt of educational assistance under 38 U.S.C. Chapter 35 (also known as Chapter 35, Dependent's Educational Assistance, or DEA), the Fry Scholarship under 38 U.S.C. 3311, or the Federal Employees' Compensation Act (FECA) **or** if the student is enrolled in an educational program in a school where the child is *wholly supported* at the expense of the Federal government. A student is *wholly supported* at the expense of the Federal government when the Federal government pays for the student's tuition, housing, meals, suitable clothing, medical attention, books, supplies and other necessities. Examples of programs or schools that are *wholly supported* by the Federal government include service academies, service academy preparatory schools, Job Corps centers, and some Native American schools.

Do not report receipt of Post-9/11 GI Bill under 38 U.S.C. chapter 3319 (also known as transferred GI Bill benefits) in Item 9A.

SECTION IV

Complete this part **only if** the benefit being claimed or received is disability Pension or Survivors' Pension. Each income block must be completed. If you do not receive income from a particular source, write "0.00" in the boxes provided. Do not leave the space blank. VA will interpret a blank space as "0" or "None". Report the gross amounts before you take out deductions for taxes, insurance, etc.

Section 306 or Old Law Pension (entitlement to pension established before January 1, 1979): Complete this part **only if** the VA benefit payable will be death pension, *and* there is no surviving spouse entitled to death pension. Do not complete if the student is a dependent on a veteran's or surviving spouse's award.

Improved Pension: Complete this part showing the student's income. Educational or vocational rehabilitation expenses are amounts paid by the student for their course of post-secondary education or vocational rehabilitation, including tuition, fees, and materials. If any of these expenses are paid by the student, the expenses may be deducted from the earned income of the student. Report the total amount(s) paid and dates of payment in Section V: Remarks.

SECTION VI

This part will be completed by the student **only if** they have reached the age of majority and are claiming benefits on their own behalf. Otherwise, the veteran, surviving spouse, guardian or custodian will sign, date and enter their relationship to the student and telephone number in Items 16C and 16D.

NOTE: Any benefits allowed due to this form will be discontinued if the student marries, receives DEA benefits, leaves school, or passes away.

PRIVACY ACT INFORMATION: 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 Veteran Readiness 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. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101(c)(1). VA will not deny an individual benefits for refusing to provide their SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. 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 entitlement to benefits for a veteran's child who is between age 18 and 23 and attending school (38 U.S.C. 104(a)). 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/PRA>Main. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.