OMB Approved No. 2900-0500 Respondent Burden: 10 Minutes Expiration Date: 01/31/2027

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Department of Veterans Affairs

MANDATORY VERIFICATION OF DEPENDENTS

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. We use this form to determine continued eligibility to the additional allowance for dependents. For more information, contact us at Ask VA: https://ask.va.gov/, or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms. After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444

VA DATE STAMP

(DO NOT WRITE IN THIS SPACE)

form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547- 4444.																						
SECTION I: VETERAN'S IDENTIFICATION INFORMATION																						
NOTE: You <i>may</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable check box to help expedite processing of the form.																						
1. VETERAN'S NAME (Fi	rst, Middle I	Initial, Last)																			
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)																						
5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)																						
No. & Street																						
Apt./Unit Number			City																			
State/Province Country ZIP				P Code/F	Postal C	Code] -										
6.TELEPHONE NUMBER	(Include Ar	ea Code)			7. E-M	E-MAIL ADDRESS I agree to receive electronic correspondence from VA in reg									n rega	ards to	my o	daim.				
		-																		T		1
Enter International Phone I	Number													Ť	T					T		
				SEC1	TION II:	STA	rus	CER	IFICA	TION												
8. HAS THE STATUS OF YOUR DEPENDENT(S) CHANGED? YES NO																						
o If "Yes," comple	ete the secti	on below tl	hat refers to t	ـــــ the depen	ı dent(s) v	 ∨hose s	tatus	has c	hanged.													
If "No," sign this	form (Sect	ion V) and	disregard the	e remainir	ng section	ns of th	is for	m.														
NOTE: If you have additional dependents not listed on the letter attached to this form, complete and submit VA Form 21-686c, Application Request to Add and/or Remove Dependents, and if claiming a child aged 18-23 years and in school, complete VA Form 21-674, Request for Approval of School Attendance. VA forms are available at www.va.gov/vaforms .																						
SECTION III: CHANGE IN SPOUSE STATUS																						
					9. HOW	DID S	TATU	JS CH	ANGE?													
	DATE E	ENDED (M	M/DD/YYYY)):				REAS	ON MAF	RRIAG	ΕE	NDE)									
MARRIAGE ENDED	ED					ANNULMENT DIV							VORCE DECLARED VOID									
DEATH DATE OF DEATH (MM/DD/YYYY):] —			- [
SECTION IV: CHANGE IN CHILD(REN)'S STATUS																						
NOTE: If your child has been adopted out of your family, input the date the adoption was finalized. If you have more than four children whose status has changed, use a separate VA Form 21-0538.																						
10A. CHILD'S NAME																						
10B. HOW STATUS CHANGED																						
DEATH OF CHILD DATE OF DEATH (MM/DD/Y				YYYY):						_[_									
MARRIAGE OF CHILD DATE OF MARRIAGE (MM/I				/DD/YYY	/YYYY):																	
ADOPTION OUT OF FAMILY DATE OF ADOPTION (MM/				I/DD/YY\	Y):					-[_									
NOTE: Do not fill in the next check box if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.																						
LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):																						
STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD																						

VETERAN'S SOCIAL SECURITY NUM	MBER — — — — — — — — — — — — — — — — — — —													
SECTION IV: CHANGE IN CHILD(REN)'S STATUS (CONTINUED)														
11A. CHILD'S NAME														
	11B. HOW STATUS CHANGED													
DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):													
MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):													
ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):													
	ox if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild use you or the child are incarcerated, attending school, or fulfilling a military service obligation.													
CT OTEROUM R 10 MO L ONOER	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):	HOLD (MM/DD/YYYY):												
STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD														
12A. CHILD'S NAME														
12B. HOW STATUS CHANGED														
DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):													
MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):													
ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):													
	ox if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild use you or the child are incarcerated, attending school, or fulfilling a military service obligation.													
	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):													
STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD														
13A. CHILD'S NAME														
	13B. HOW STATUS CHANGED													
DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):													
MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):													
ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):													
	ox if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild use you or the child are incarcerated, attending school, or fulfilling a military service obligation.													
200000000000000000000000000000000000000	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):													
STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD														
	SECTION V: CERTIFICATION AND SIGNATURE													
I HEREBY CERTIFY THAT the infor	mation I have given on this form is true and correct to the best of my knowledge and belief.													
14A. SIGNATURE OF VETERAN (I	REQUIRED) 14B. DATE SIGNED (MM/DD/YYYY)	14B. DATE SIGNED (MM/DD/YYYY)												
	penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact,													

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 5, Code of Federal Regulations 1.526 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, Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. You must give us your and your dependents SSN account information. 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). The 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 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.

RESPONDENT BURDEN: We need this information to determine continued eligibility for an additional allowance for your spouse and/or child(ren). 38 U.S.C. 1115, Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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. Valid OMB control numbers can be located on the OMB Internet page at www.reginfo.gov/public/do/PRAMain If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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