OMB Control No. 2900-0829 Respondent Burden: 30 minutes Expiration Date: 11/30/2026

Department of Veterans Affairs					
INCOME AND ASSET STATEMENT IN SUPPORT OF CLAIM FOR PENSION OR PARENTS' DEPENDENCY AND INDEMNITY COMPENSATION (D.I.C.)					
SECTION I: VETERAN'S IDE	NTIFICATION INFORMATION				
1A. VETERAN'S NAME (First, Middle Initial (M.I.), Last)					
First: N					
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: N	II: 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 -C	R- DATE RECEIVED BY VA (For initial claims only.)				
	SSOCIATED WITH ACCOUNTS OR ASSETS ons 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  VETERAN SPOUSE CUSTODIAN OF CHILD  PARENT OTHER (Specify):	(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if  Custodian of child, child, parent, or other)				
(3). SPECIFY THE TYPE OF INCOME  SOCIAL SECURITY RETIREMENT/PENSION WAGES CIVIL SERVICE OTHER (Specify):  (5). SPECIFY INCOME PAYER (Name of business, financial institution, or programme)	(4). GROSS MONTHLY INCOME  UNEMPLOYMENT  \$ ,				
3C. (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD  PARENT OTHER (Specify):	(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if  Custodian of child, child, parent, or other)				
(3). SPECIFY THE TYPE OF INCOME  SOCIAL SECURITY RETIREMENT/PENSION WAGES  CIVIL SERVICE OTHER (Specify):	(4). GROSS MONTHLY INCOME  UNEMPLOYMENT  \$				
(5). SPECIFY INCOME PAYER (Name of business, financial institution, or prog	gram, etc.)				

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SECTION III: RECURRING INCOME NOT ASSOCIATED WITH ACCOUNTS OR ASSETS (Continued)				
	(See instructions on Pa			
3D.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):	(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)		
	(3). SPECIFY THE TYPE OF INCOME  SOCIAL SECURITY RETIREMENT/PENSION WAGES U CIVIL SERVICE OTHER (Specify):	(4). GROSS MONTHLY INCOME  JNEMPLOYMENT  \$ ,		
	(5). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)	I		
3E.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):	(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)		
	(3). SPECIFY THE TYPE OF INCOME  SOCIAL SECURITY RETIREMENT/PENSION WAGES U  CIVIL SERVICE OTHER (Specify):	(4). GROSS MONTHLY INCOME  Specific property of the specific property o		
	(5). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)			
3F.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):	(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)		
	(3). SPECIFY THE TYPE OF INCOME  SOCIAL SECURITY RETIREMENT/PENSION WAGES UT  CIVIL SERVICE OTHER (Specify):	(4). GROSS MONTHLY INCOME  JNEMPLOYMENT  \$ ,		
	(5). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)			
	SECTION IV: INCOME AND NET WORTH ASSOCIATION (See instructions on Page 1)			
	ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE ANY INCOM	ME IN THE NEXT 12 MONTHS THAT IS RELATED TO FINANCIAL		
	ACCOUNTS?  YES $\square$ NO (If "NO," skip to Section V)			
4B.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):	(4). SPECIFY THE TYPE OF INCOME EARNED  INTEREST DIVIDENDS  OTHER (Specify):		
	(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)	(5). GROSS MONTHLY INCOME \$ , .		
	(3). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)	(6). VALUE OF ACCOUNT \$ , .		
4C.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):	(4). SPECIFY THE TYPE OF INCOME EARNED  INTEREST DIVIDENDS  OTHER (Specify):		
	(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)	(5). GROSS MONTHLY INCOME \$ .		
	(3). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)	(6). VALUE OF ACCOUNT \$ , .		
4D.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):	(4). SPECIFY THE TYPE OF INCOME EARNED  INTEREST DIVIDENDS  OTHER (Specify):		
	(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)	(5). GROSS MONTHLY INCOME \$ .		
	(3). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)	(6). VALUE OF ACCOUNT \$ ,		
1		1		

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  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):	(4). SPECIFY THE TYPE OF INCOME EARNED  INTEREST DIVIDENDS  OTHER (Specify):			
	(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)	(5). GROSS MONTHLY INCOME \$ , .			
	(3). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)	(6). VALUE OF ACCOUNT \$ , .			
4F.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):	(4). SPECIFY THE TYPE OF INCOME EARNED  INTEREST DIVIDENDS  OTHER (Specify):			
	(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)	(5). GROSS MONTHLY INCOME \$ .			
	(3). SPECIFY INCOME PAYER (Name of business, financial institution, or program, etc.)	(6). VALUE OF ACCOUNT \$ , .			
	SECTION V: INCOME AND NET WORTH ASSOC	CIATED WITH OWNED ASSETS			
	(See instructions on Pa	age 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?  YES NO (If "NO," skip to Section VI)				
5B.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN	(4). GROSS MONTHLY INCOME			
	□ VETERAN       □ SPOUSE       □ CUSTODIAN OF CHILD       □ CHILD         □ PARENT       □ OTHER (Specify):	\$ ,			
	(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 \$ .			
	(3). IDENTIFY THE TYPE OF ASSET AND SUBMIT THE REQUIRED FORM ASSOCIATED  FARM - VA FORM 21P-4165 BUSINESS - VA FORM 21P-4185 REN	TAL PROPERTY - VA FORM 21P-4185			
5C.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):	(4). GROSS MONTHLY INCOME			
		\$ .			
	(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 \$ .			
	(3). IDENTIFY THE TYPE OF ASSET AND SUBMIT THE REQUIRED FORM ASSOCIATED  FARM - VA FORM 21P-4165 BUSINESS - VA FORM 21P-4185 REN	TAL PROPERTY - VA FORM 21P-4185			
5D.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):	(4). GROSS MONTHLY INCOME \$ , .			
	(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 \$ ,			
	(3). IDENTIFY THE TYPE OF ASSET AND SUBMIT THE REQUIRED FORM ASSOCIATED  FARM - VA FORM 21P-4165  BUSINESS - VA FORM 21P-4185  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.	VETERAN SPOUSE CUSTODIAN OF CHILD CHILD PARENT OTHER (Specify):		(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)		
	(3). SPECIFY HOW INCOME IS GENERATED FROM THIS ASSET  BENEFITS FROM INTELLECTUAL PROPERTY EXTRACTION OF MINERALS/LUMBER USE OF LAND  OTHER (Specify):				
	(4). GROSS MONTHLY INCOME \$ .	(5). SPECIFY FAIR MARKET VALUE OF	F THIS ASSET	(6). CAN THE ASSET BE SOLD?  YES NO	
	(7). EXPLAIN ANY MITIGATING CIRCUMSTANCE	ES THAT PREVENT THE SALE OF THIS	ASSET		
6C.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN    VETERAN   SPOUSE   CUSTODIAN OF CHILD   CHILD   Custodian of child, child, parent, or other)    PARENT   OTHER (Specify):			, ,	
(3). SPECIFY HOW INCOME IS GENERATED FROM THIS ASSET  BENEFITS FROM INTELLECTUAL PROPERTY EXTRACTION OF MINERALS/LUMBER USE OF LAND  OTHER (Specify):				LAND	
	(4). GROSS MONTHLY INCOME \$ , .	(5). SPECIFY FAIR MARKET VALUE OF , , ,	F THIS ASSET	(6). CAN THE ASSET BE SOLD?  ☐ YES ☐ NO	
	(7). EXPLAIN ANY MITIGATING CIRCUMSTANCE	ES THAT PREVENT THE SALE OF THIS	ASSET		
		SECTION VII: ASSET TRA			
(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				
7B.	(1). SPECIFY ASSET'S ORIGINAL OWNER'S RE  VETERAN SPOUSE CUS' PARENT OTHER (Specify):	TODIAN OF CHILD CHILD	(7). SPECIFY DATE OF TR	RANSFER (MM/DD/YYYY)	
	(2). SPECIFY HOW THE ASSET WAS TRANSFEI  SOLD GAVE AWAY CONVE		(8). WAS THE ASSET TRA MARKET VALUE?	ANSFERRED FOR LESS THAN FAIR	
	(3). WHAT ASSET WAS TRANSFERRED?		(9). WHAT WAS THE FAIR	R MARKET VALUE WHEN TRANSFERRED?	
	(4). WHO RECEIVED THE ASSET?		\$ , (10). WHAT WAS THE SAI	LE PRICE? (If applicable)	
	(5). RELATIONSHIP TO NEW OWNER		\$ , (11). WHAT WAS THE GA	,	
	(6). WAS THE SALE OF THE ASSET REPORTED	TO THE IRS?	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	( ( ( )	
	YES NO		\$ ,	,	

	SECTION VII: ASSET TRANSFERS (Continued)				
7C. (1). SPECIFY ASSET'S ORIGINAL OWNER'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD			(7). SPECIFY DATE OF TRANSFER (MM/DD/YYYY)		
	PARENT OTHER (Specify):  (2). SPECIFY HOW THE ASSET WAS TRANSFERRED  SOLD GAVE AWAY CONVEYED TRADED  OTHER (Specify):		(8). WAS THE A		ANSFERRED FOR LESS THAN FAIR
	(3). WHAT ASSET WAS TRANSFERRED?		( )	S THE FAIR	R MARKET VALUE WHEN TRANSFERRED?
	(4). WHO RECEIVED THE ASSET?			, AS THE SA	LE PRICE? (If applicable)
	(5). RELATIONSHIP TO NEW OWNER			, AS THE GA	,
	(6). WAS THE SALE OF THE ASSET REPORTED TO THE IRS?  YES NO		\$	,	
7D. (1). SPECIFY ASSET'S ORIGINAL OWNER'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):		CHILD	(7). SPECIFY D	ATE OF TE	RANSFER (MM/DD/YYYY)
	(2). SPECIFY HOW THE ASSET WAS TRANSFERRED  SOLD GAVE AWAY CONVEYED TRADED  OTHER (Specify):		(8). WAS THE ASSET TRANSFERRED FOR LESS THAN FAIR MARKET VALUE?  YES NO		
	(3). WHAT ASSET WAS TRANSFERRED?		•		R MARKET VALUE WHEN TRANSFERRED?
	(4). WHO RECEIVED THE ASSET?		(10). WHAT WAS THE SALE PRICE? (If applicable)		
(5). RELATIONSHIP TO NEW OWNER			\$ , , . (11). WHAT WAS THE GAIN? (Capital gain, etc.)		
(6). WAS THE SALE OF THE ASSET REPORTED TO THE IRS?			\$	,	,
	SECTION V (See instruction				
8A. HAVE YOU OR YOUR DEPENDENTS ESTABLISHED A TRUST OR DO YOU OR YOUR DEPENDENTS ESTABLISHED A TRUST OR DO YOU OR YOUR DEPENDENTS trust to report, submit the information on a separate VA Form 21P-0969 or provide the information of YES NO (If "NO," skip to Section IX)			PENDENTS HAVE		(0)
	DATE TRUST ESTABLISHED (MM/DD/YYYY)  8C. SPECIFY MARKET VA TRUST AT TIME OF E			IN THE	8D. SPECIFY TYPE OF TRUST ESTABLISHED
	<b>_ \$</b> ,	,			REVOCABLE   IRREVOCABLE   BURIAL TRUST
	HAVE YOU ADDED FUNDS TO THE TRUST AFTER IT WAS ESTABLISHED?  8F. WHEN DID YOU ADD FUNDS?  than one date, submit a VA Form and amounts)	,	/ ( )	8G. HOW	/ MUCH DID YOU ADD?
YES NO		01.11014	HOW MUCH DO YOU RECEIVE ANNUALLY?		
8H. ARE YOU RECEIVING INCOME FROM THE TRUST?  YES NO  \$ 1. HC  \$ 1. HC			, .		
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)  YES NO		8K. HOW MUCH IS BEING REIMBURSED MONTHLY? \$ , .			
8L. WAS THE TRUST ESTABLISHED FOR A CHILD OF THE VETERAN WHO WAS INCAPABLE OF SELF-SUPPORT PRIOR TO REACHING AGE 18?		-	8M. DO YOU HAVE ANY ADDITIONAL AUTHORITY OR CONTROL OF THE TRUST?		
	YES NO	YES			

	SECTION IX: ANNUI (See instructions on P			
9A. HAVE YOU OR YOUR DEPENDENTS ESTABLISHE Form 21P-0969, or provide the below information of			submit the information below on a separate VA	
$\square$ YES $\square$ NO (If "NO," skip to Section X)				
9B. SPECIFY DATE ANNUITY WAS ESTABLISHED (MM/DD/YYYY)	9C. SPECIFY MARKET VALUE OF A ANNUITY PURCHASE	SSET AT TIME OF	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 ANNUNITY?	9I. IF YES IN 9H, PROVIDE ANNUAL	. AMOUNT RECEIVED (If	fNO, skip to 9J)	
YES NO	\$ ,			
9J. CAN THE ANNUITY BE LIQUIDATED?  YES NO	9K. IF YES IN 9J, PROVIDE THE SUI	RRENDER VALUE (If NO	), skip to Section X)	
SEC <sup>7</sup>	 TION X: ASSETS PREVIOUSL`	Y NOT REPORTED		
	(See instructions on P			
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         □ VETERAN       □ SPOUSE       □ CUSTODIAN OF CHILD       □ CHILD         □ PARENT       □ OTHER (Specify):         (2). SPECIFY TYPE OF ASSET (Cash, art, etc.)		(3). SPECIFY VALUE OF YOUR PORTION OF THE PROPERTY  \$ , ,		
10C. (1). SPECIFY ASSET OWNER'S RELATIONSHIP TO THE VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):  (2). SPECIFY TYPE OF ASSET (Cash, art, etc.)		(3). SPECIFY VALUE OF YOUR PORTION OF THE PROPERTY  \$		
IOD. (1). SPECIFY ASSET OWNER'S RELATIONSHIP TO THE VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD  PARENT OTHER (Specify):  (2). SPECIFY TYPE OF ASSET (Cash, art, etc.)		(3). SPECIFY VALUE OF YOUR PORTION OF THE PROPERTY  \$ , , ,		
10E. (1). SPECIFY ASSET OWNER'S RELATIONSHIP T  VETERAN SPOUSE CUSTO  PARENT OTHER (Specify):	O THE VETERAN ODIAN OF CHILD CHILD		OF YOUR PORTION OF THE PROPERTY	
(2). SPECIFY TYPE OF ASSET (Cash, art, etc.)		(4). SPECIFY ASSET I address, etc.)	LOCATION (Financial institution, property	

11A. DID YOU OR YOUR DEPENDENTS RECEIVE INCOME THAT HAS STOPPED OR IS NO LONGER BEING RECEIVED WITHIN:  THE REPORTING PERIOD (**Prom question 2E/7 - OR - LAST FULL CALENDAR YEAR (*For initial claim)?  YES NO (**No*, *sky to Section XII)  11B. (1). SPECIFY INCOME RECIPIENTS RELATIONSHIP TO VETERAN   YETERAN   SPOUSE   CUSTODIAN OF CHILD   CHILD   CRURRING   IRREGULAR   ONE TIME PAYMENT   ONE TIME PAYMENT   ONE TIME PAYMENT   ONE TIME PAYMENT   (6). DATE INCOME LAST PAID (*MM.DD/7YTY)  (2). SPECIFY INCOME PAYER (*Name of business, financial institution, etc.)  (4). SPECIFY INCOME RECIPIENTS RELATIONSHIP TO VETERAN   SPOUSE   CUSTODIAN OF CHILD   CHILD   CHILD   CHILD   CHILD   CHILD   CHILD   CHILD   CRURRING   IRREGULAR   ONE TIME PAYMENT    (4). SPECIFY INCOME RECEIVED (*Interest, dividends, etc.)  11C. (1). SPECIFY INCOME RECEIVED (*Interest, dividends, etc.)  (3). SPECIFY INCOME RECEIVED (*Interest, dividends, etc.)  (4). SPECIFY INCOME RECEIVED (*Interest, dividends, etc.)  (5). SPECIFY FREQUENCY OF INCOME RECEIVED (*Interest, dividends, etc.)  (6). DATE INCOME (*INTERCULAR CONTROL CANADA CAN	SECTION XI: DISCONTINUED OR IRREGULAR INCOME				
THE REPORTING PERIOD (From question 2EF - OR - LAST FULL CALENDAR YEAR (For initial claim)?  VESS   NO (f) "NO." skip to Section XII)   (8), SPECIFY FREQUENCY OF INCOME RECEIVED   RECUPRING   RECEIVED   RECEIVED   RECEIVED   RECUPRING   RECEIVED   RECUPRING   RECEIVED   RECEIVED   RECEIVED   RECEIVED   RECURRING   REREGULAR   RECURRING   RECEIVED   RECURRING   RECEIVED   RECURRING   REREGULAR   RECURRING   RECEIVED   RECURRING   REREGULAR   RECURRING   RECEIVED   RECURRING   REREGULAR   ROLL TO THE RE?   RECURRING   REREGULAR   RECEIVED   RECURRING   REREGULAR   RECEIVED   RECURRING   REREGULAR   RECEIVED   RECURRING   REREGULAR   RECURRING   REREGULAR   RECURRING   REREGULAR   RECURRING   REREGULAR   RECURRING   REREGULAR   RECURRING   REREGULAR   RECURRING   RESEDUATE   RECURRING   RECURRING   RESEDUATE   RECURRING   RECURRING   RESEDUATE   RECURRING   RECEIVED   RECURRING   R	440	(See instructions on Page 2)	EQEIVED WITHIN		
115.   (1) SPECIFY INCOME RECEIPEDT'S RELATIONSHIP TO VETERAN   SPECIFY PREQUENCY OF INCOME RECEIVED   RECLURRING   IRREGULAR   SPECIFY NAME OF INCOME RECEIPED   RECLURRING   IRREGULAR   (2) SPECIFY NAME OF INCOME RECEIPED   Reclure of business, financial institution, etc.)   (3) SPECIFY INCOME PAYER (Name of business, financial institution, etc.)   (4) SPECIFY INCOME RECEIPED (Interest, dividends, etc.)   (5) SPECIFY INCOME RECEIPED (Interest, dividends, etc.)   (6) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (7) What TWAS THE GROSS ANNUAL AMOUNT REPORTED TO THE RIS?   (8) SPECIFY TYPE OF INCOME RECEIVED (Interest, dividends, etc.)   (8) SPECIFY FREQUENCY OF INCOME RECEIVED (Interest, dividends, etc.)   (9) SPECIFY NAME OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY INCOME PAYER (Name of business, financial institution, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY TYPE OF INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY INCOME RECEIPED (Interest, dividends, etc.)   (9) SPECIFY INCOME RECEIPED (Interest, financial institution, etc.)   (9) SPECIFY INCOME RECEIPED (Interest, financial institution, etc.)   (9) SPECIFY INCOME RECEIPED (Interest, financial institut	11A		ECEIVED WITHIN:		
Veteran   SPOUSE   QUISTODIAN OF CHILD   CHILD   RECURRING   IRREGULAR					
PARENT   OTHER (Specify):   ONE TIME PAYMENT	11B.	(1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN	(5). SPECIFY FREQUENCY OF INCOME RECEIVED		
(2), SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  (3), SPECIFY INCOME PAYER (Name of husiness, financial institution, etc.)  (4), SPECIFY INCOME RECIPIENTS RELATIONSHIP TO VETERAN    Veteran   SPOUSE   CUSTODIAN OF CHILD		☐ VETERAN ☐ SPOUSE ☐ CUSTODIAN OF CHILD ☐ CHILD	☐ RECURRING ☐ IRREGULAR		
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REPORTED TO THE IRS?		(2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)	(6). DATE INCOME LAST PAID (MM/DD/YYYY)		
REPORTED TO THE IRS?					
REPORTED TO THE IRS?		(3) SPECIFY INCOME PAYER (Name of business financial institution, etc.)	(7) WHAT WAS THE CROSS ANNIHAL AMOUNT		
SECTION XII: WAIVER OF RECEIPT OF INCOME (See instructions on Page 2)  12A DID YOU OR YOUR DEPENDENTS WAIVE OR EXPECT TO WAIVE ANY RECEIPT OF INCOME IN THE NEXT 12 MONTHS?  YES NO (If "NO," skip to Section XIII Certification and Signature)  12B. (1) SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD SPARENT OTHER (Specify):  (2) SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  (3) SPECIFY INCOME PAYER (Name of business, financial institution, etc.)  (6) WAIVED GROSS MONTHLY INCOME  (7) SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  VETERAN SPOUSE CUSTODIAN OF CHILD CHILD SPARENT OTHER (Specify):  (2) SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN  PARENT OTHER (Specify):  (3) SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  (5) DATE PAYMENTS WILL RESUME (MM/DD/YYYY)  SECTION XIII: CERTIFICATION AND SIGNATURE  I CERTIFY THAT the statements on the form are true and correct to the best of my knowledge and belief. I UNDERSTAND THAT without consent, the Department of Veterans Affairs (VA) may disclose information that I provide to entities under a published "route 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 Administrating benefits; to other federal agencies under computer matching programs, such as those with the Internal Revenue Service, Social Security Administrating benefits; to other federal agencies under computer matching programs, such as those with the Internal Revenue Service, Social Security Administratics exervice System, Department of Homeland Security, Department of Justice; and to members of Congress if they are assisting to help with Veteran's benefit questions.		(o). St. 2011 1 11001112 1 711 211 (Traine of business, financial institution, etc.)			
SECTION XII: WAIVER OF RECEIPT OF INCOME (See instructions on Page 2)  12A. DID YOU OR YOUR DEPENDENTS WAIVE OR EXPECT TO WAIVE ANY RECEIPT OF INCOME IN THE NEXT 12 MONTHS?  YES NO (If "NO," skip to Section XIII Certification and Signature)  12B. (1). SPECIFY INCOME RECIPIENTS RELATIONSHIP TO VETERAN SPOUSE CUSTODIAN OF CHILD OTHER (Specify):  (2). SPECIFY NAME OF INCOME RECIPIENT (Only needed if Custodian of child, child, parent, or other)  (3). SPECIFY INCOME PAYER (Name of business, financial institution, etc.)  (4). IF THE INCOME RESUMES, WHAT AMOUNT DO YOU EXPECT TO RECEIVE?  \$  (5). DATE PAYMENTS WILL RESUME (MM/DD/TYTY)  This income will not resume (6). WAIVED GROSS MONTHLY INCOME \$  (4). IF THE INCOME RESUMES, WHAT AMOUNT DO YOU EXPECT TO RECEIVE?  \$  (4). IF THE INCOME RESUMES, WHAT AMOUNT DO YOU EXPECT TO RECEIVE?  \$  (4). IF THE INCOME RESUMES, WHAT AMOUNT DO YOU EXPECT TO RECEIVE?  \$  (5). DATE PAYMENTS WILL RESUME (MM/DD/TYTY)  —  (6). WAIVED GROSS MONTHLY INCOME  \$  (7). DATE PAYMENTS WILL RESUME (MM/DD/TYTY)  —  (8). WAIVED GROSS MONTHLY INCOME  \$  (9). DATE PAYMENTS WILL RESUME (MM/DD/TYTY)  —  (1). This income will not resume (1). WAIVED GROSS MONTHLY INCOME  \$  (1). SPECIFY INCOME PAYER (Name of business, financial institution, etc.)  (2). SPECIFY INCOME PAYER (Name of business, financial institution, etc.)  (3). SPECIFY INCOME PAYER (Name of business, financial institution, etc.)  (4). IF THE INCOME RESUMES, WHAT AMOUNT DO YOU EXPECT TO RECEIVE?  \$  (4). IF THE INCOME RESUMES, WHAT AMOUNT DO YOU EXPECT TO RECEIVE?  \$  (5). DATE PAYMENTS WILL RESUME (MM/DD/TYTY)  —		(4). SPECIFY TYPE OF INCOME RECEIVED (Interest, dividends, etc.)			
12A. DID YOU OR YOUR DEPENDENTS WAIVE OR EXPECT TO WAIVE ANY RECEIPT OF INCOME IN THE NEXT 12 MONTHS?    YES			\$ , .		
12A, DID YOU OR YOUR DEPENDENTS WAIVE OR EXPECT TO WAIVE ANY RECEIPT OF INCOME IN THE NEXT 12 MONTHS?    YES			ME		
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VETERAN   SPOUSE   CUSTODIAN OF CHILD   CHILD   YOU EXPECT TO RECEIVE?	Ш	YES NO (If "NO," skip to Section XIII Certification and Signature)			
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(3). SPECIFY INCOME PAYER (Name of business, financial institution, etc.)    This income will not resume		PARENT OTHER (Specify):	\$ , .		
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12C. (1). SPECIFY INCOME RECIPIENT'S RELATIONSHIP TO VETERAN   VETERAN   SPOUSE   CUSTODIAN OF CHILD   CHILD   YOU EXPECT TO RECEIVE?			, ,		
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	computer matching programs, such as those with the Internal Revenue Service, Social Security Administration, Selective Service System, Department of Homeland				
13A. SIGNATURE 13B. DATE SIGNED (MM/DD/YYYY)					
	13A	. SIGNATURE	13В. DATE SIGNED (MM/DD/YYYY)		