NOTICE TO BENEFICIARY/CLAIMANT REGARDING THE INFORMATION AND EVIDENCE NEEDED TO SUPPORT A CLAIM FOR ADDITIONAL BENEFITS FOR A DEPENDENT OR TO REMOVE A DEPENDENT FROM AN AWARD

Use this form and the attached application to:

- submit a claim for additional benefits for a dependent, or
- request removal of a dependent from your award.

The table below identifies the types of dependents for whom VA beneficiaries may be entitled to additional benefits.

If you are a …	Then you may be entitled to additional benefits for …
veteran entitled to disability compensation who has a combined disability rating of at least 30 percent	• a spouse, • children under age 18, • children that are between the ages of 18 and 23 who are attending school, • children over age 18 that are permanently incapable of self-support, and/or • dependent parents.
veteran entitled to Veterans Pension	• a spouse, • children under age 18, • children that are between the ages of 18 and 23 who are attending school, and/or • children over age 18 that are permanently incapable of self-support
surviving spouse entitled to survivors benefits	• children under age 18, • children that are between the ages of 18 and 23 who are attending school, and/or • children over age 18 that are permanently incapable of self-support. ***Exception***: A surviving spouse entitled to Dependency and Indemnity Compensation (DIC) is ***not*** entitled to additional benefits for children over age 18 that receive DIC in his/her own right.

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The table below provides a guide to the instructions and the application. The completion of certain sections of this application are required. Be aware that you ***must*** complete **Section I - Veteran/Claimant's Identification Information *and* Section X - Beneficiary/ Claimant's Certification and Signature**. If these sections are not complete, we will ***not*** be able to process your claim for additional benefits for dependents. Otherwise, complete the remaining sections that apply to you.

If you are …	Instructions	Application
claiming additional benefits for a spouse	Pages 3 and 4	Pages 8 and 9
claiming additional benefits for a child	Pages 4 - 5	Pages 10 and 11
reporting a divorce	Page 5	Page 12
reporting that a stepchild is no longer a member of your household	Page 6	Page 12 and 13
reporting the death of a • spouse • child • dependent parent	 Page 5 Page 6 Page 6	Page 13
reporting the marriage of a child	Page 6	Page 13
reporting that a schoolchild over 18 has stopped attending school	Page 6	Page 13
claiming additional benefits for more than four children		Addendum - Page 15

CIRCUMSTANCES THAT REQUIRE ADDITIONAL FORMS

Under certain circumstances, other forms in addition to VA Form 21-686c, *Application Request to Add and/or Remove Dependents*, must be provided when claiming additional benefits for a dependent. The table below describes those circumstances. All VA forms are available at www.va.gov/vaforms.

Signed electronically and submitted via VA.gov at 00:00 UTC 2017-07-25. Signee signed with an identity-verified account.

If ...	Then submit ...
• you are seeking additional benefits for a child or children who are between the ages of 18 and 23 who are attending school	VA Form 21-674, *Request for Approval of School Attendance*. ***Note***: Submit VA Form 21-686c ***in addition to*** VA Form 21-674 only if you have never received additional benefits for the child or children.
• you are entitled to Veterans Pension (instead of disability compensation based on service-connected disabilities), and • you are seeking additional benefits for a spouse only	VA Form 21P-0516-1, *Improved Pension Eligibility Verification Report (Veteran With No Children)*, ***in addition to*** VA Form 21-686c.
• you are entitled to Veterans Pension • you are seeking additional benefits for a child or children (with or without a spouse), and • the child or children are under the age of 23 or permanently incapable of self-support	VA Form 21P-0517-1, *Improved Pension Eligibility Verification Report (Veteran With Children)*, ***in addition to*** VA Form 21-686c.
• you are entitled to Survivors Pension, (instead of DIC based on a veteran's service-connected death) and • you are seeking additional benefits for a child or children that are either under the age of 23 or permanently incapable of self-support.	VA Form 21P-0519s-1, *Improved Pension Eligibility Verification Report (Surviving Spouse With Children)*, ***in addition to*** VA Form 21-686c.
• you are a veteran entitled to disability compensation (based on service-connected disabilities), and • you are seeking additional benefits for a dependent parent or parents.	VA Form 21P-509, *Statement of Dependency of Parent(s)*. ***Note***: There is ***no need*** to submit VA Form 21-686c when filing a claim for additional benefits for a dependent parent or parents.
• you are a veteran entitled to disability compensation, and • you are seeking additional benefits for a spouse who requires aid and attendance	VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*, or if your spouse resides in a nursing home, use VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*. ***Note***: Submit VA Form 21-686c ***in addition to*** one of the forms referenced above ***only*** if you have never received additional benefits for your spouse.
• you are a veteran seeking additional benefits for a spouse based on common-law marriage	VA Form 21-4170, *Statement of Marital Relationship*, and VA Form 21P-4171, *Supporting Statement Regarding Marriage*. Note: The above referenced forms must be submitted ***in addition to*** VA Form 21-686c**.**

HOW TO APPLY ELECTRONICALLY

Want to apply electronically? You can apply online at **www.va.gov**. If you sign in or create an account at **www.va.gov**, we can prefill parts of your application and save your work in progress.

NOTE: You may wish to contact an accredited veteran service officer (VSO) to assist you with your application. You may locate a list of VSO's at **https://www.va.gov/vso/** .

WHERE TO SEND INFORMATION AND EVIDENCE

MAIL TO	SUBMIT ONLINE
Department of Veterans Affairs **Evidence Intake Center** **PO Box 4444** **Janesville, WI 53547-4444**	**VA gov: www.va.gov** **Direct Upload via access.va.gov**

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IMPORTANT: Applicant ***must*** provide his/her Social Security Number (SSN), ***and*** the SSN of his/her dependent(s) unless a SSN has not been assigned. Use Section IX, Item 25, Remarks, to explain why a SSN has not been assigned.

TO ADD A SPOUSE TO A VETERAN'S AWARD:

Marriage by Ceremony

VA will require additional evidence* to establish a spouse; if

- you do not reside within a state, territory, or other possession of the United States,
- your entries on the application conflict with other information you provided, and the discrepancies cannot be resolved through contact with you or a review of other information of record
- information of record raises questions regarding the validity of the marriage, or
- there is an indication of fraud or misrepresentation.

***Additional Evidence**:

- Primary evidence of a marriage consists of a copy or abstract of the public record of a marriage, or a copy of the church record of a marriage, containing sufficient data to identify the
  - parties involved,
  - date (month, day, and year) and place (city and state, county and state, or city and country) of the marriage, and
  - number of prior marriages for each spouse, if not shown on the official record.
- If primary evidence of a marriage is unavailable, a marriage may still be established by submission of the following evidence in the order of preference shown below;
  - an official report from your branch of service regarding a marriage that occurred while you were in service,
  - an affidavit of the clergyman or magistrate who officiated in the marriage ceremony,
  - a certified copy of the original certificate of marriage,
  - affidavits or certified statements signed by two or more witnesses that attended the marriage ceremony, or
  - any other secondary evidence that reasonably supports the assertion that a valid marriage occurred.

Establishing a Common-Law Marriage

In some states it is possible to contract a marriage without a ceremony and without registration of the marriage. This type of marriage is referred to as a common-law marriage.

VA may recognize a common-law marriage that was considered valid in the state in which it took place. A common law marriage generally requires an agreement between the parties to be married, cohabitation, and holding themselves out to the public as married.

Evidence that must be submitted to claim a common-law marriage:

- VA Form 21-4170 completed by the veteran
- VA Form 21-4170 completed by the veteran's spouse in the common-law marriage
- Two VA Forms 21P-4171, each completed by two different persons that can provide their personal observations about the parties to the common-law marriage and the relationship that exists/existed between them, and
- Copies of the birth certificates of any children born of the common-law marriage.

Tribal Ceremony

VA may recognize marriages performed in accordance with tribal custom.

To establish a tribal marriage, a claimant must provide ***all*** of the following items:

- Affidavits from the parties married by tribal custom that include the name of the tribe, date (month, day, and year) of marriage, place (city and state, county and state, or city and country) where the marriage ceremony occurred, and name/mailing address of the person who performed the ceremony.
- Affidavits from at least two people who were present at the time the tribal marriage ceremony took place. The affidavits must include the name of the tribe, date (month, day, and year) of marriage, place (city and state, county and state, or city and country) where the marriage ceremony occurred, and name/mailing address of the person who performed the ceremony.
- Affidavit from the person who performed the ceremony, showing the date (month, day, and year) and place (city and state, county and state, or city and country) where the marriage ceremony occurred, and that person's authority for conducting the ceremony.

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Proxy Marriage

A proxy marriage is a wedding in which one or both of the individuals being united are not physically present, and are instead represented by other persons. If both partners are absent, a double proxy wedding occurs.

Marriage by proxy typically occurs when a couple wishes to marry, but one or both partners cannot attend for reasons such as military service, imprisonment, or travel restrictions; or when a couple lives in a jurisdiction in which they cannot legally marry.

All documents/certificates issued in connection with a claimed proxy marriage must be provided to establish a proxy marriage for VA purposes.

Note: The validity of a proxy marriage is dependent upon the law in effect at the location in which the proxy marriage was performed.

Spousal Aid & Attendance (A&A)

- VA may pay additional benefits to a Veteran for a spouse with severe medical need/disability (ies). To claim the additional benefits, a
- Veteran must complete a VA Form 21-2680 and submit medical evidence showing his or her spouse
- is blind or so nearly blind as to have corrected visual acuity of 5/200 or less in both eyes or concentric contraction of the visual field to 5 degrees or less; or
- is a patient in a nursing home because of mental or physical incapacity (by completing VA Form 21-0779); or
- requires the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him or her from the hazards of his or her daily environment.

TO ADD A CHILD TO A BENEFICIARY/CLAIMANT'S AWARD:

Unmarried Child

A person must be unmarried in order to be considered a child for VA purposes.

VA may continue paying additional benefits for an unmarried child

- until the child reaches age
  - 18, or
  - 23, if the child is attending an approved school, or
- indefinitely if the child becomes permanently incapable of self-support before his/her 18th birthday.

VA will require a copy of the child's birth certificate; if

- you do not reside within a state, territory or other possession of the United States,
- your entries on the application conflict with other information you provided, and the discrepancies cannot be resolved through contact with you or a review of other information of record, or
- there is an indication of fraud or misrepresentation.

School-Age Child

You **must complete and submit** VA Form 21-674 to claim additional benefits for a child who is

- between the ages of 18 and 23, and
- attending school.

Note:

- Claimants with more than one school-age child must complete a separate VA Form 21-674 for each child.
- VA Form 21-674 is used to report
  - school attendance,
  - a change in the educational facility a child is attending, and/or
  - a change in the date a school-age child plans to stop attending school.

Stepchild

VA will ask you to provide a copy of your stepchild's birth certificate, showing the names of both parents, before it will add the stepchild; if

- you do not reside within a state, territory, or other possession of the United States,
- your entries on the application conflict with other information you provided, and the discrepancies cannot be resolved through contact with you or a review of other information of record.

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- information of record raises questions regarding the validity of the marriage of the stepchild's biological or adoptive parent to the veteran, or
- there is an indication of fraud or misrepresentation.

Provide a copy of the decree of adoption or adoptive placement agreement if the veteran's spouse is the adoptive parent of the stepchild.

Note:

- VA may pay benefits to or for a stepchild only if the stepchild is (or was at the time of the veteran's death, if the veteran is deceased) a member of the veteran's household.
- If the veteran and stepchild do not reside together (or were not residing together when the veteran died, if the veteran is deceased), the stepchild remains a member of the veteran's household ***if***
  - he/she lives (or lived, if the veteran is deceased) apart for medical reasons, to attend school, or to fulfill a military service obligation, ***or***
  - the veteran provides (or provided, if the veteran is deceased) at least half of the stepchild's support.

Adopted Child

A claim for additional benefits for an adopted child must include a copy of the

- final decree of adoption,
- adoptive placement agreement,
- interlocutory decree of adoptions, or
- revised birth certificate.

Note: VA ***cannot*** pay additional benefits for a grandchild or foster child unless the claimant submits evidence (referenced above) showing the veteran adopted the grand/foster child.

Child Permanently Incapable of Self-Support

VA may pay additional benefits for a child beyond his/her 23rd birthday if VA determines the child became permanently incapable of self-support before his/her 18th birthday.

A claim for additional benefits for a child who is permanently incapable of self-support must include

- medical evidence showing a permanent mental or physical disability existed before his/her 18th birthday, and
- a statement from an attending physician showing the nature and extent of the child's physical or mental impairment.

REMOVAL OF A SPOUSE FROM A VETERAN'S AWARD:

Divorce or Death of a Spouse

VA must remove a spouse from a veteran's award when the spouse dies or divorces/annuls the marriage to the veteran.

Note:

- Veterans in receipt of disability compensation are ***not*** required to report to VA a separation or estrangement from his/her spouse, as it will have no effect on his/her award.
- Veterans remain entitled to additional benefits for a stepchild after divorcing the stepchild's biological or adoptive parent, as long as the veteran provides at least half of the stepchild's support.

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REMOVAL OF A CHILD FROM A BENEFICIARY'S AWARD:

Married Child
A person must be unmarried to qualify as a child for VA purposes. Therefore, a person of any age who marries ceases to be a child for VA purposes. **Note**: If a child marries, and then the marriage is terminated by annulment or declared void, VA may resume the payment of additional benefits for the child.
Child Who Is Between the Ages of 18 and 23 and Not Attending School
To be considered a school child for VA purposes a person must be between the ages of 18 and 23 and attending a VA-accredited educational facility.
Stepchild
VA must remove a stepchild from a veteran's award when the stepchild ceases being a member of the veteran's household. **Note**: The awarding of legal custody of a stepchild to someone other than the veteran will not affect the additional benefits to which the veteran is entitled for that child, as long as the stepchild remains a member of the veteran's household.
Child Given Up for Adoption
In most cases, a beneficiary who gives up a child for adoption is no longer entitled to additional benefits for that child. VA will use the most beneficial effective date when removing the veteran's child that has been given up for adoption. The date (month, day, and year) that the child was given up for adoption must be provided. Use Section IX, Item 25, Remarks to provide this information.
Death of a Child
VA must remove a child from a beneficiary's award when the child dies.

REMOVAL OF A DEPENDENT PARENT DUE TO DEATH:

Dependent Parent
VA must remove a dependent parent from a veteran's award when a parent dies.

For more information on VA benefits, visit our web site at www.va.gov, contact us at https://www.va.gov/contact-us 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.

Signed electronically and submitted via VA.gov at 00:00 UTC 2017-07-25. Signee signed with an identity-verified account.

OMB Approved No. 2900-0043
Respondent Burden: 30 minutes
Expiration Date: 08/31/2028

VA | U.S. Department of Veterans Affairs

APPLICATION REQUEST TO ADD AND/OR REMOVE DEPENDENTS

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

INSTRUCTIONS: Make sure you sign and date this form in Items 26A and 26B.
Note: Unless the claimant is the veteran's surviving spouse or a designated "alternate signer", the veteran ***must*** sign in Item 26A. When you have completed this form, you can mail it to the address shown at the bottom of Page 2. If you prefer you may complete and submit the form online at **www.va.gov**.

SECTION I: VETERAN/CLAIMANT'S IDENTIFICATION INFORMATION
(Note: Completion of this section is REQUIRED to process your request; any omission may delay processing)

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to help expedite processing of the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*: Mark Webb

2. VETERAN'S SOCIAL SECURITY NUMBER: 000-00-0000

3. VA FILE NUMBER *(If known)*: 0000000000

4. VETERAN'S DATE OF BIRTH *(MM-DD-YYYY)*: 01-01-1980

5. CLAIMANT'S NAME ***(If other than veteran)*** *(First, Middle Initial, Last)*:

6. CLAIMANT'S SOCIAL SECURITY NUMBER: ---

7. VETERAN'S SERVICE NUMBER *(If applicable)*:

8. TELEPHONE NUMBER *(Include Area Code)*: 111-222-3333
Enter International Phone Number *(If applicable)*: 1234567890123

9. E-MAIL ADDRESS *(Optional)* ☒ I agree to receive electronic correspondence from VA in regards to my claim.
vets.gov.user+228@gmail.com

10. COMPLETE MAILING ADDRESS OF VETERAN/CLAIMANT (*Number and Street or Rural Route, P. O. Box, City, State, ZIP Code and Country*)
No. & Street: 123 Fake Street
Apt./Unit Number:
City: Portland
State/Province: ME
Country: US
ZIP Code/Postal Code: 04102-

SECTION II: INFORMATION NEEDED TO ADD SPOUSE

11A. SPOUSE'S CURRENT LEGAL NAME *(First, Middle Initial, Last)*: Firstname Lastname

11B. SPOUSE'S DATE OF BIRTH
MONTH 01 - DAY 01 - YEAR 1980

11C. SPOUSE'S SOCIAL SECURITY NUMBER (SSN) (*If your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks*): 987-65-4321

11D. DATE OF MARRIAGE
MONTH 01 - DAY 04 - YEAR 2024

11E. PLACE OF MARRIAGE *(City and State, County and State, or City and Country)*
City or County: Washington
State/Province: DC
Country:

11F. HOW WERE YOU MARRIED? *(Check one)* ○ CIVIL CEREMONY *(i.e. Justice of the Peace)* ◉ RELIGIOUS CEREMONY *(i.e. Minister, Priest, Rabbi, etc.)*
○ TRIBAL ○ PROXY ○ COMMON LAW ○ OTHER (Explain)

12A. IS YOUR SPOUSE ALSO A VETERAN?
○ YES YES *(If "YES," complete Items 12B and 12C)*
◉ NO

12B. SPOUSE'S VA FILE NUMBER *(If applicable)*:

12C. SPOUSE'S SERVICE NUMBER *(If applicable)*:

NOTE: If you are a veteran that VA is paying additional benefits for a stepchild and you no longer live with the stepchild's biological or adoptive parent, complete Section V.

13A. DO YOU LIVE TOGETHER?
◉ YES ○ NO NO *(If "NO," complete Items 13B and 13C)*

13B. REASON FOR SEPARATION *(For example, marital problems, job requirements, health, etc.)*:

13C. CURRENT MAILING ADDRESS OF SPOUSE *(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 Code/Postal Code: -

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NOTE: You ***must*** provide complete information about ***your prior marriages*** and ***your current spouse's prior marriages***.

14. VETERAN/CLAIMANT'S PREVIOUS MARITAL INFORMATION
(If no prior marriages, this section may be left blank)

14A. (1) TO WHOM MARRIED *(First, Middle Initial, Last Name)*

14A. (2) DATE AND PLACE OF MARRIAGE *(MM-DD-YYYY)* – –

City or County State/Province Country

14A. (3) REASON FOR TERMINATION

☐ DEATH ☐ DIVORCE ☐ ANNULMENT ☐ OTHER (Explain)

14A. (4) DATE AND PLACE MARRIAGE TERMINATED *(MM-DD-YYYY)* – –

City or County State/Province Country

14B. (1) TO WHOM MARRIED *(First, Middle Initial, Last Name)*

14B. (2) DATE AND PLACE OF MARRIAGE *(MM-DD-YYYY)* – –

City or County State/Province Country

14B. (3) REASON FOR TERMINATION

☐ DEATH ☐ DIVORCE ☐ ANNULMENT ☐ OTHER (Explain)

14B. (4) DATE AND PLACE MARRIAGE TERMINATED *(MM-DD-YYYY)* – –

City or County State/Province Country

14C. (1) TO WHOM MARRIED *(First, Middle Initial, Last Name)*

14C. (2) DATE AND PLACE OF MARRIAGE *(MM-DD-YYYY)* – –

City or County State/Province Country

14C. (3) REASON FOR TERMINATION

☐ DEATH ☐ DIVORCE ☐ ANNULMENT ☐ OTHER (Explain)

14C. (4) DATE AND PLACE MARRIAGE TERMINATED *(MM-DD-YYYY)* – –

City or County State/Province Country

14D. (1) TO WHOM MARRIED *(First, Middle Initial, Last Name)*

14D. (2) DATE AND PLACE OF MARRIAGE *(MM-DD-YYYY)* – –

City or County State/Province Country

14D. (3) REASON FOR TERMINATION

☐ DEATH ☐ DIVORCE ☐ ANNULMENT ☐ OTHER (Explain)

14D. (4) DATE AND PLACE MARRIAGE TERMINATED *(MM-DD-YYYY)* – –

City or County State/Province Country

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VETERAN'S SOCIAL SECURITY NO. 0 0 0 – 0 0 – 0 0 0 0

15. CURRENT SPOUSE'S PREVIOUS MARITAL INFORMATION
(If no prior marriages, this section may be left blank)

15A. (1) TO WHOM MARRIED *(First, Middle Initial, Last Name)*

15A. (2) DATE AND PLACE OF MARRIAGE *(MM-DD-YYYY)* – –

City or County State/Province Country

15A. (3) REASON FOR TERMINATION

☐ DEATH ☐ DIVORCE ☐ ANNULMENT ☐ OTHER (Explain)

15A. (4) DATE AND PLACE MARRIAGE TERMINATED *(MM-DD-YYYY)* – –

City or County State/Province Country

15B. (1) TO WHOM MARRIED *(First, Middle Initial, Last Name)*

15B. (2) DATE AND PLACE OF MARRIAGE *(MM-DD-YYYY)* – –

City or County State/Province Country

15B. (3) REASON FOR TERMINATION

☐ DEATH ☐ DIVORCE ☐ ANNULMENT ☐ OTHER (Explain)

15B. (4) DATE AND PLACE MARRIAGE TERMINATED *(MM-DD-YYYY)* – –

City or County State/Province Country

15C. (1) TO WHOM MARRIED *(First, Middle Initial, Last Name)*

15C. (2) DATE AND PLACE OF MARRIAGE *(MM-DD-YYYY)* – –

City or County State/Province Country

15C. (3) REASON FOR TERMINATION

☐ DEATH ☐ DIVORCE ☐ ANNULMENT ☐ OTHER (Explain)

15C. (4) DATE AND PLACE MARRIAGE TERMINATED *(MM-DD-YYYY)* – –

City or County State/Province Country

15D. (1) TO WHOM MARRIED *(First, Middle Initial, Last Name)*

15D. (2) DATE AND PLACE OF MARRIAGE *(MM-DD-YYYY)* – –

City or County State/Province Country

15D. (3) REASON FOR TERMINATION

☐ DEATH ☐ DIVORCE ☐ ANNULMENT ☐ OTHER (Explain)

15D. (4) DATE AND PLACE MARRIAGE TERMINATED *(MM-DD-YYYY)* – –

City or County State/Province Country

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SECTION III: INFORMATION NEEDED TO ADD CHILD(REN)
(If claiming more than four children, fill out addendum (Page 15) and submit with application)

16A. NAME OF **FIRST** CHILD TO ADD *(First, Middle Initial, Last)*

16B. SOCIAL SECURITY NUMBER

16C. DATE OF BIRTH *(MM-DD-YYYY)*

16D. PLACE OF BIRTH *(Provide City and State, County and State, or City and Country)*

City or County State/Province Country

16E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH

16F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

16G. CHILD STATUS *(Check all that apply)*

☐ BIOLOGICAL ☐ 18-23 YEARS OLD AND IN SCHOOL (*If checked, fill out VA Form 21-674*) ☐ ADOPTED ☐ CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT

☐ CHILD PREVIOUSLY MARRIED (*If checked, provide the date marriage ended and how the marriage ended in Item 16H*) ☐ STEPCHILD *(If checked, complete Item 16I)*

16H. HOW AND WHEN MARRIAGE ENDED

DATE *(MM-DD-YYYY)*

☐ DIVORCE ☐ ANNULLED ☐ OTHER (Explain)

16I. IF YOU CHECKED "STEPCHILD" IN ITEM 16G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

☐ YES *(If "Yes," provide the date the child entered veteran's household)* DATE *(MM-DD-YYYY)*

☐ NO

17A. NAME OF **SECOND** CHILD TO ADD *(First, Middle Initial, Last)*

17B. SOCIAL SECURITY NUMBER

17C. DATE OF BIRTH *(MM-DD-YYYY)*

17D. PLACE OF BIRTH *(Provide City and State, County and State, or City and Country)*

City or County State/Province Country

17E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH

17F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

17G. CHILD STATUS *(Check all that apply)*

☐ BIOLOGICAL ☐ 18-23 YEARS OLD AND IN SCHOOL (*If checked, fill out VA Form 21-674*) ☐ ADOPTED ☐ CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT

☐ CHILD PREVIOUSLY MARRIED (*If checked, provide the date marriage ended and how the marriage ended in Item 17H*) ☐ STEPCHILD *(If checked, complete Item 17I)*

17H. HOW AND WHEN MARRIAGE ENDED

DATE *(MM-DD-YYYY)*

☐ DIVORCE ☐ ANNULLED ☐ OTHER (Explain)

17I. IF YOU CHECKED "STEPCHILD" IN ITEM 17G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

☐ YES *(If "Yes," provide the date the child entered veteran's household)* DATE *(MM-DD-YYYY)*

☐ NO

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VETERAN'S SOCIAL SECURITY NO. 0 0 0 – 0 0 – 0 0 0 0

SECTION III: INFORMATION NEEDED TO ADD CHILD(REN) *(Continued)*
(If claiming more than four children, fill out addendum (Page 15) and submit with application)

18A. NAME OF **THIRD** CHILD TO ADD *(First, Middle Initial, Last)*

18B. SOCIAL SECURITY NUMBER – –

18C. DATE OF BIRTH *(MM-DD-YYYY)* – –

18D. PLACE OF BIRTH *(Provide City and State, County and State, or City and Country)*

City or County State/Province Country

18E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH

18F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

18G. CHILD STATUS *(Check all that apply)*

☐ BIOLOGICAL ☐ 18-23 YEARS OLD AND IN SCHOOL *(If checked, fill out VA Form 21-674)* ☐ ADOPTED ☐ CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT

☐ CHILD PREVIOUSLY MARRIED *(If checked, provide the date marriage ended and how the marriage ended in Item 18H)* ☐ STEPCHILD *(If checked, complete Item 18I)*

18H. HOW AND WHEN MARRIAGE ENDED

DATE *(MM-DD-YYYY)* – –

☐ DIVORCE ☐ ANNULLED ☐ OTHER (Explain)

18I. IF YOU CHECKED "STEPCHILD" IN ITEM 18G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

☐ YES *(If "Yes," provide the date the child entered veteran's household)* DATE *(MM-DD-YYYY)* – –

☐ NO

19A. NAME OF **FOURTH** CHILD TO ADD *(First, Middle Initial, Last)*

19B. SOCIAL SECURITY NUMBER – –

19C. DATE OF BIRTH *(MM-DD-YYYY)* – –

19D. PLACE OF BIRTH *(Provide City and State, County and State, or City and Country)*

City or County State/Province Country

19E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH

19F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

19G. CHILD STATUS *(Check all that apply)*

☐ BIOLOGICAL ☐ 18-23 YEARS OLD AND IN SCHOOL *(If checked, fill out VA Form 21-674)* ☐ ADOPTED ☐ CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT

☐ CHILD PREVIOUSLY MARRIED *(If checked, provide the date marriage ended and how the marriage ended in Item 19H)* ☐ STEPCHILD *(If checked, complete Item 19I)*

19H. HOW AND WHEN MARRIAGE ENDED

DATE *(MM-DD-YYYY)* – –

☐ DIVORCE ☐ ANNULLED ☐ OTHER (Explain)

19I. IF YOU CHECKED "STEPCHILD" IN ITEM 19G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

☐ YES *(If "Yes," provide the date the child entered veteran's household)* DATE *(MM-DD-YYYY)* – –

☐ NO

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VETERAN'S SOCIAL SECURITY NO. 000 - 00 - 0000

SECTION IV: VETERAN REPORTING DIVORCE FROM FORMER SPOUSE
(If you have stepchild(ren), also complete Section V)

NOTE: If marriage ended as an annulment or declared void, use Section IX, Item 25, "Remarks" to explain.

20A. NAME OF FORMER SPOUSE (*First, Middle Initial, Last*)

20B. PLACE OF DIVORCE *(Provide city and state, county and state, or city and country)*

City or County | State/Province | Country

20C. DATE OF DIVORCE

SECTION V: VETERAN/CLAIMANT REPORTING ON STEPCHILD(REN)

21A. (1) DID YOU HAVE A STEPCHILD(REN) THAT WAS THE BIOLOGICAL OR ADOPTED CHILD(REN) OF THE FORMER SPOUSE LISTED IN ITEM 20A?

☐ YES (*If "YES," list the name(s) of the stepchild(ren) here):*
☐ NO (*If "NO," skip to Section VI)*

21A. (2) NAME(S) OF STEPCHILD(REN) *(First, Middle Initial, Last)*

21B. ARE YOU STILL SUPPORTING YOUR STEPCHILD(REN) LISTED IN ITEM 21A?

☐ YES (*If "YES," complete Items 21C through 21L)*
☐ NO (*If "NO," complete Item 21F and then continue to Section VI)*

21C. NAME OF STEPCHILD YOU ARE SUPPORTING

21D. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE THE NAME OF PERSON WITH WHOM STEPCHILD RESIDES

21E. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRESS

No. & Street

Apt./Unit Number | City

State/Province | Country | ZIP Code/Postal Code -

21F. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD *(MM-DD-YYYY)* -

21G. FINANCIAL SUPPORT PROVIDED ☐ More than half ☐ Half ☐ Less than half

21H. NAME OF STEPCHILD YOU ARE SUPPORTING

21I. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE THE NAME OF PERSON WITH WHOM STEPCHILD RESIDES

21J. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRESS

No. & Street

Apt./Unit Number | City

State/Province | Country | ZIP Code/Postal Code -

21K. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD *(MM-DD-YYYY)* -

21L. FINANCIAL SUPPORT PROVIDED ☐ More than half ☐ Half ☐ Less than half

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VETERAN'S SOCIAL SECURITY NO. 0 0 0 – 0 0 – 0 0 0 0

SECTION VI: VETERAN/CLAIMANT REPORTING DEATH OF A DEPENDENT

22A. (1) DEPENDENT TYPE *(Check all that apply)*

☐ SPOUSE ☐ MINOR CHILD (UNDER 18 YEARS OLD ☐ STEPCHILD ☐ ADOPTED ☐ DEPENDENT PARENT

☐ CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT ☐ 18-23 YEARS OLD AND IN SCHOOL

22B. NAME OF DEPENDENT*(First, Middle Initial, Last)*

22C. DATE OF DEATH *(MM/DD/YYYY)* – –

22D. PLACE OF DEATH *(City & State, County & State, or City & Country)*

City or County State/Province Country

22A. (2) DEPENDENT TYPE *(Check all that apply)*

☐ SPOUSE ☐ MINOR CHILD (UNDER 18 YEARS OLD ☐ STEPCHILD ☐ ADOPTED ☐ DEPENDENT PARENT

☐ CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT ☐ 18-23 YEARS OLD AND IN SCHOOL

22B. NAME OF DEPENDENT *(First, Middle Initial, Last)*

22C. DATE OF DEATH *(MM/DD/YYYY)* – –

22D. PLACE OF DEATH *(City & State, County & State, or City & Country)*

City or County State/Province Country

SECTION VII: VETERAN/CLAIMANT REPORTING MARRIAGE OF CHILD

23A. NAME OF CHILD (*First, Middle Initial, Last*)

23B. DATE OF MARRIAGE *(MM-DD-YYYY)*

– –

SECTION VIII: VETERAN/CLAIMANT REPORTING A SCHOOLCHILD OVER 18 HAS STOPPED ATTENDING SCHOOL

24A. NAME OF SCHOOLCHILD (*First, Middle Initial, Last*)

24B. DATE SCHOOLCHILD STOPPED ATTENDING SCHOOL *(MM-DD-YYYY)*

– –

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SECTION IX: REMARKS

25. REMARKS *(If any)*

SECTION X: BENEFICIARY/CLAIMANT'S CERTIFICATION AND SIGNATURE
(Note: Completion of this section is REQUIRED to process your request)

IMPORTANT: The primary purpose of this form is to gather information or statements that may result in a change to your VA benefits. By signing this form you have given permission to make benefit payment changes that could result in the creation of an overpayment. If such adverse actions are taken you will receive additional notification from VA regarding repayment options.

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

26A. SIGNATURE OF BENEFICIARY/CLAIMANT OR ALTERNATE SIGNER* (REQUIRED)	*(FOR USE BY VA ONLY)*	26B. DATE *(MM/DD/YYYY)*
Mark Webb		07 - 25 - 2017

***ALTERNATE SIGNER**: By signing on behalf of the beneficiary/claimant, I certify that the claimant is:

- under the age of 18,
- mentally incompetent to provide substantially accurate information needed to complete the form or to certify that the statements made on the form are true and complete, or
- physically unable to sign the form

***ALTERNATE SIGNER**: By signing on behalf of the beneficiary/claimant, I certify that I am:

- a court-appointed representative,
- an attorney in fact or agent authorized to act on behalf of the claimant under a durable power of attorney,
- a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative, or
- a manager or principal officer acting on behalf of an institution which is responsible for the care of the claimant.

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

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. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide his/her SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 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 Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other 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: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0043, and it expires 08/31/2028. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-0043 in any correspondence. Do not send your completed VA Form 21-686c to this email address.

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VETERAN'S SOCIAL SECURITY NO. 000 - 00 - 0000

SECTION XI: ADDITIONAL CHILD(REN) (Addendum)

(Please submit this page with the completed application if you have additional children to add to your claim. If more space is needed, please make additional copies of this page to submit with your application.)

1A. NAME OF **ADDITIONAL** CHILD TO ADD *(First, Middle Initial, Last)*

1B. SOCIAL SECURITY NUMBER

1C. DATE OF BIRTH *(MM-DD-YYYY)*

1D. PLACE OF BIRTH *(Provide City and State, County and State, or City and Country)*

City or County State/Province Country

1E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH

1F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

1G. CHILD STATUS *(Check all that apply)*

☐ BIOLOGICAL ☐ 18-23 YEARS OLD AND IN SCHOOL *(If checked, fill out VA Form 21-674)* ☐ ADOPTED ☐ CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT

☐ CHILD PREVIOUSLY MARRIED *(If checked, provide the date marriage ended and how the marriage ended in Item 1H)* ☐ STEPCHILD *(If checked, complete Item 1I)*

1H. HOW AND WHEN MARRIAGE ENDED

DATE *(MM-DD-YYYY)*

☐ DIVORCE ☐ ANNULLED ☐ OTHER (Explain)

1I. IF YOU CHECKED "STEPCHILD" IN ITEM 1G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

☐ YES *(If "Yes," provide the date the child entered veteran's household)* DATE *(MM-DD-YYYY)*

☐ NO

2A. NAME OF **ADDITIONAL** CHILD TO ADD *(First, Middle Initial, Last)*

2B. SOCIAL SECURITY NUMBER

2C. DATE OF BIRTH *(MM-DD-YYYY)*

2D. PLACE OF BIRTH *(Provide City and State, County and State, or City and Country)*

City or County State/Province Country

2E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH

2F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

2G. CHILD STATUS *(Check all that apply)*

☐ BIOLOGICAL ☐ 18-23 YEARS OLD AND IN SCHOOL *(If checked, fill out VA Form 21-674)* ☐ ADOPTED ☐ CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT

☐ CHILD PREVIOUSLY MARRIED *(If checked, provide the date marriage ended and how the marriage ended in Item 2H)* ☐ STEPCHILD *(If checked, complete Item 2I)*

2H. HOW AND WHEN MARRIAGE ENDED

DATE *(MM-DD-YYYY)*

☐ DIVORCE ☐ ANNULLED ☐ OTHER (Explain)

2I. IF YOU CHECKED "STEPCHILD" IN ITEM 2G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

☐ YES *(If "Yes," provide the date the child entered veteran's household)* DATE *(MM-DD-YYYY)*

☐ NO

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Did the household have a net worth less than $163,699 in the last tax year? Yes

Did Firstname Lastname have an income in the last 365 days? Yes