Department of Veterans Affairs

GENERAL INSTRUCTIONS
FOR INCOME-NET WORTH AND EMPLOYMENT STATEMENT
VA FORM 21-527

NOTE: Read very carefully, detach, and keep these instructions for your reference.

A. How can I contact VA if I have questions?

If you have questions about this form, how to fill it out, or about benefits, contact your nearest VA regional office. You can locate the address of the nearest regional office in your telephone book blue pages under "United States Government, Veterans" or call 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833). You may also contact VA by Internet at http://www.vba.va.gov/benefits/address.htm.

B. What do I use VA Form 21-527 for?

Use VA form 21-527 to apply for disability pension if you have previously filed a claim for compensation and/or pension. If you have not filed a claim for compensation or pension previously, you must use VA Form 21-526, Veteran's Application for Compensation and/or Pension.

C. What is disability pension and how does VA decide what I will or will not receive?

You should apply for pension benefits if all of the following are true:

- Your income is limited.
- You are permanently and totally disabled (but not as a result of your military service).
- At least part of your active duty was during a wartime period.

VA pays disability pension based on the amount of income that the veteran and family receive and the number of dependents in the family. This is based on law. VA must include as income all sources that federal law specifies. You can find out what the current income limitations and rates of benefits are by contacting your nearest VA office.

Benefits may only be paid from the date of receipt of your application in VA unless you were incapacitated because of a disability which prevented you from filing a claim for a period of at least 30 days beginning with the date you became permanently and totally disabled. If you want this claim considered as a claim for retroactive payment, so indicate in Item 42, "Remarks," and identify the specific disability which prevented you from filing.

D. What is special monthly pension?

VA may pay a higher rate of disability pension to a veteran who is blind, a patient in a nursing home, otherwise needs regular aid and attendance, or who is permanently confined to his or her home because of a disability. If you wish to apply for this benefit, check "Yes" for Item 24.

E. What medical evidence should I submit?

Furnish current medical evidence showing that you are permanently and totally disabled.

Note: If you are age 65 or older or determined to be disabled by the Social Security Administration, you do not have to submit medical evidence with your application unless you are claiming special monthly pension.

If you wish to claim special monthly pension and are not in a nursing home, furnish a statement from your doctor showing the extent of your disabilities. If you are in a nursing home, attach a statement signed by an official of the nursing home showing the date you were admitted to the nursing home, the level of care you receive, and whether Medicaid covers all or part of your nursing home costs.

If you want help getting existing medical records, you may complete VA Form 21-4142, Authorization and Consent to Release Information to the Department of Veterans Affairs (VA). By signing VA Form 21-4142, you authorize any doctors, hospitals, or caregivers that have treated you to release information about your treatment to VA. You do not need to complete this form for any treatment you received at a VA facility. If you need a copy of this form, you may contact VA as shown under Item A, or download the form from our website at http://www.va.gov/vaforms/.

F. How do I complete my application?

Print all answers clearly. If you must write the answers do so very clearly and plainly. If an answer is "none" or "0," write that. Your answer to every question is important to help us complete your claim. If you do not know the answer, write "unknown." For additional space, use Item 42, "Remarks," or attach a separate sheet, indicating the item number to which the answers apply. Make sure you sign and date this application (Items 38 and 39).

G. What do I do when I have completed my application?

When you have completed this application mail it or take it to a VA regional office. Be sure to attach any materials that support and explain your claim. Also, make a photocopy of your application and everything that you submit to VA before you mail it.

H. How can I assign someone to act as my representative?

A representative can be an accredited member of an accredited organization or other service organization that the Secretary of Veterans Affairs recognizes, an agent recognized by VA, or a licensed lawyer. Agents and attorneys can charge you for services that you get from them only after the Board of Veterans' Appeals (BVA) gives you their final decision about your application. That means you can use an attorney during any stage of your application for benefits. However, the agent or attorney cannot charge you for services unless you are trying to resolve a dispute with VA after BVA has made a decision about your claim.

If you want to use a representative to help you with your application, contact the nearest VA office. Depending on the type of representative you want to designate, we will send you one of the following forms:

VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, or VA Form 22A, Appointment of Individual as Claimant's Representative. You may download these forms at http://www.va.gov/vaforms/. If you have already designated a representative, no further action is required on your part.

I. What if I believe that VA has made a error in processing or deciding my benefits?

You can ask for a personal hearing at any time during the processing of your claim. That means you can ask for the hearing while VA is processing your claim or after VA has made a decision. You should contact the nearest VA office and tell them that you want a personal hearing on your case. Someone in the local VA office will arrange a time and place for your hearing. At this hearing, you can bring witnesses. VA will record whatever you and your witnesses say during the hearing and include it in the official record. VA will furnish the hearing room and officials, and prepare a transcript of the hearing. VA cannot pay your expenses or the expenses of anyone you want to bring with you to the hearing.

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 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 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN 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 required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). 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: We need this information to determine eligibility for disability pension under 38 U.S.C. 1502 and 1503. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 60 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.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

OMB Approved No. 2900-0002
Respondent Burden: 1 hour

(DO NOT WRITE IN THIS SPACE)

Department of Veterans Affairs

INCOME-NET WORTH AND EMPLOYMENT STATEMENT
VA Form 21-527

Please read the attached "General Instructions"before you fill out this form.

SECTION I — Tell us about you

1. What is your name?

First | Middle | Last | Suffix (If applicable)

2. What is your social security number?

3. What is your VA file number?

4. What is your address?

Street address, rural route, or P.O. Box | Apt. number

City | State | ZIP Code | Country

5. What are your telephone numbers?

Daytime _____

Evening _____

6. What is your E-mail address?

SECTION II — Tell us about your marriage

NOTE: You should provide a copy of your marriage certificate

7. What is your marital status?

☐ Married ☐ Surviving spouse ☐ Divorced ☐ Never married

(If you are divorced, widowed or never married skip to Section III)

8. When were you married?

___/___/___

mo day year

9. Where did you get married? (city/state or country)

10. What is your spouse's name?

First | Middle | Last

11. When is your spouse's birthday?

___/___/___

mo day yr

12. What is your spouse's social security number?

13a. Is your spouse also a veteran?

☐ Yes ☐ No

(If "Yes," answer Item 13b also)

13b. What is your spouse's VA file number? *(If any)*

14. Do you live with your spouse?

☐ Yes ☐ No *(If "No," answer Items 15 through 17 also. If "Yes," skip to Section III.)*

15. What is your spouse's address?

Street address, rural route, or P.O. Box | Apt. number

City | State | ZIP Code | Country

16. Tell us why you are not living with your spouse.

17. How much do you contribute monthly to your spouse's support?

$ _____

SECTION III Tell us about any previous marriages

You must furnish complete information about ***all*** of your and your present spouse's previous marriages. If you need additional space, please attach a separate sheet of paper providing the requested information about the marriages.

Your previous marriages

18a. How many times have you been married? _____

18b. When were you married?	**18c**. Where were you married? (city/state or country)	**18d.** To whom married? (first, middle initial, last name)	**18e**. Date marriage ended	**18f**. Place (city/state or country)	**18g.** How marriage ended? (death, divorce)
___/___/___ mo day yr			___/___/___ mo day yr		
___/___/___ mo day yr			___/___/___ mo day yr		

Your spouse's previous marriages

19a. How many times has your current spouse been married? _____

19b. Date of Marriage.	**19c**. Place (city/state or country)	**19d.** To whom married? (first, middle initial, last name)	**19e**. Date marriage ended.	**19f**. Place (city/state or country)	**19g**. How marriage ended? (death, divorce)
___/___/___ mo day yr			___/___/___ mo day yr		
___/___/___ mo day yr			___/___/___ mo day yr		

SECTION IV Tell us about your unmarried children

VA recognizes your biological children, adopted children, and stepchildren as dependents. These children must be unmarried and:

- under age of 18, **or**
- between 18 and 23 and pursuing an approved course of education, **or**
- of any age if they became permanently unable to support themselves before reaching age 18.

"Seriously disabled" (Item 21h) means that the child became permanently unable to support himself/herself before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

If you need additional space, please attach a separate sheet of paper providing the requested information about each child.

Note: You should provide a copy of the public record of birth for each child or a copy of the court record of adoption for each adopted child.

20. Do you have any dependent children?

☐ Yes ☐ No *(If "No," skip to Section V)*

SECTION IV Tell us about your unmarried children *(Continued)*

21a. Name of child (First, middle initial, Last)	**21b**. Date and place of birth (City/State or Country)	**21c**. Social Security Number	**21d.** Biological	**21e**. Adopted	**21f**. Stepchild	**21g.** 18-23 yrs. old and in school	**21h**. Seriously disabled	**21I.** Child previously married
	/ / mo day yr Place:		☐	☐	☐	☐	☐	☐
	/ / mo day yr Place:		☐	☐	☐	☐	☐	☐
	/ / mo day yr Place:		☐	☐	☐	☐	☐	☐

Tell us about the children listed above who *don't live with you*

22a. Name of Child (First, middle initial, last)	**22b**. Child's complete address	**22c**. Name of person the child lives with (If applicable)	**22d**. Monthly amount you contribute to child's support
			$
			$
			$

SECTION V Tell us about your disability and background

23a. What disability(ies) prevent you from working?

23b. When did the disability(ies) begin?
/ / mo day yr

24. Are you claiming a special monthly pension because you need the regular assistance of another person, are blind, nearly blind, or having severe visual problems, or are housebound?
☐ Yes ☐ No

25a. Are you now, or have you recently been hospitalized or given outpatient or home-based care?
☐ Yes ☐ No *(If "Yes," answer Items 25b and 25c also)*

25b. Tell us the dates of the recent hospitalization or care
Began / / mo day yr
Ended / / mo day yr

25c. What is the name and complete mailing address of the facility or doctor?

26a. Are you now employed?
☐ Yes ☐ No *(If "No," answer Item 26b also)*

26b. When did you last work?
/ / mo day yr

26c. Were you self-employed before becoming totally disabled?
☐ Yes ☐ No *(If "Yes," answer Items 26d and 26e also)*

26d. What kind of work did you do?

26e. Are you still self-employed?
☐ Yes ☐ No *(If "Yes," answer Item 26f also)*

26f. What kind of work do you do now?

SECTION V Tell us about your disability and background *(Continued)*

27a. Check the highest year of education you completed:

Grade School:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

College:
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Over 4

27b. List the other training or experience you have and any certificates that you hold

SECTION VI Tell us your work history

In the table below, tell us about all of your employment, including self-employment, for one year before you became disabled to the present.

28a. What was the name and address of your employer?	**28b.** What was your job title?	**28c.** When did your work begin?	**28d.** When did your work end?	**28e.** How many days were lost due to disability?	**28f.** What were your total annual earnings?
		/ / mo day yr	/ / mo day yr		$
		/ / mo day yr	/ / mo day yr		$
		/ / mo day yr	/ / mo day yr		$

SECTION VII Tell us if you are in a nursing home

To get your claim processed faster, provide a statement by an official of the nursing home that tells us you are a patient in the nursing home because of a physical or mental disability and tells us the amount you pay out of pocket for your care.

29a. Are you now in a nursing home?

☐ Yes ☐ No

(If "Yes," answer Item 29b also)

29b. What is the name and complete mailing address of the facility?

29c. Does Medicaid cover all or part of your nursing home costs?

☐ Yes ☐ No

(If "No," answer Item 29d also)

29d. Have you applied for Medicaid?

☐ Yes ☐ No

SECTION VIII Tell us the net worth of you and your dependents

VA cannot pay you pension if your net worth is sizeable. Net worth is the market value of all interest and rights you have in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. If property is owned jointly by yourself and your spouse, report one-half of the total value held jointly for each of you. You must report net worth for yourself and all persons for whom you are claiming benefits.
For items 30A through 30f, provide the amounts. If none, write "0" or "None."

Source	Veteran	Spouse	Child(ren)		
			Name: (first, middle initial, last)	Name: (first, middle initial, last)	Name: (first, middle initial, last)
30a. Cash, bank accounts, certificates of deposit (CDs)					
30b. IRAs, Keogh Plans, etc.					
30c. Stocks, bonds, mutual funds					
30d. Value of business assets					
30e. Real property (not your home)					
30f. All other property					

SECTION IX Tell us about the income of you and your dependents

Note: Payments from any source will be counted, unless the law says that they don't need to be counted. Report **all** income, and VA will determine any amount that does not count.

Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same information in both tables.

If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space.

If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space.

If you are receiving monthly benefits from any source, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

31. Have you claimed or are you receiving disability benefits from the Social Security Administration (SSA)?

☐ Yes ☐ No

SECTION IX Tell us about the income of you and your dependents *(Continued)*

Monthly Income - Tell us the income you and your dependents receive every month

Sources of recurring monthly income	Veteran	Spouse	Child(ren) Name: (first, middle initial, last)	Child(ren) Name: (first, middle initial, last)	Child(ren) Name: (first, middle initial, last)
32a. Social Security					
32b. U.S. Civil Service					
32c. U.S. Railroad Retirement					
32d. Military Retirement					
32e. Black Lung Benefits					
32f. Supplemental Security Income (SSI)/ Public Assistance					
32g. Other income received monthly (Please write source below)					

Expected income for the next 12 months - Tell us about other income for you and your dependents

Sources of income for the next 12 months	Veteran	Spouse	Child(ren) Name: (first, middle initial, last)	Child(ren) Name: (first, middle initial, last)	Child(ren) Name: (first, middle initial, last)
33a. Gross wages and salary					
33b. Total interest and dividends					
33c. Worker's compensation or unemployment compensation					
33d. Other income expected (Please write source below)					

SECTION X — Tell us about medical, legal or other unreimbursed expenses

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of unreimbursed medical expenses, including the Medicare deduction, you paid for yourself or relatives who are members of your household. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the last illness and burial of a spouse or child at any time prior to the end of the year following the year of death. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. Show medical, legal or other expenses you paid because of a disability for which civilian disability benefits have been awarded. When determining your income, we may be able to deduct them from the disability benefits for the year in which the expenses are paid. **Do not** include any expenses for which you were reimbursed. If more space is needed attach a separate sheet.

34a. Amount paid by you	**34b.** Date paid	**34c.** Purpose (Doctor's fees, hospital charges, attorney fees, etc.)	**34d.** Paid to (Name of doctor, hospital pharmacy, etc.)	**34e.** Disability or relationship of person for whom expenses paid
$	___/___/___ mo day yr			
$	___/___/___ mo day yr			
$	___/___/___ mo day yr			
$	___/___/___ mo day yr			

SECTION XI — Give us Direct Deposit Information

If benefits are awarded we will need more information in order to process any payments to you. Please read the paragraph starting with, *"All Federal payments..."* and then either:

1. Attach a voided check, or
2. Answer Items 35-37 to the right.

All Federal Payments beginning January 2, 1999, must be made by electronic funds transfer (EFT), also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 35, 36 and 37 to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 35. The Treasury Department is working to make bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You may also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You may write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee Ok 74401, and give us a brief description of why you do not wish to participate in Direct Deposit.

35. Account number (Please check the appropriate box and provide that account number, if applicable

☐ Checking ☐ I certify that **I do not** have an account with a financial institution or certified payment agent

☐ Savings

Account number _____

36. Name of financial institution

37. Routing or transit number

SECTION XII Give us your signature

1. Read the box that starts, "I certify and authorize the release of information."
2. Sign the box that says, "Your signature."
3. If you sign with an "X," then you must have two people witness it. They must then sign the form and print their names and addresses also.

I certify and authorize the release of information.
I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege that makes the information confidential.

38. Your signature	**39.** Today's date ___/___/____ mo day yr

40a. Signature of witness (If claimant signed above using an "X")	**40b.** Printed name and address of witness
41a. Signature of witness (If claimant signed above using an "X")	**41b.** Printed name and address of witness

SECTION XIII

Remarks—Use this space for any additional statements that you would like to make concerning your application for compensation.

IMPORTANT

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 which you are not entitled to.

42. Remarks *(If you need more space to answer a question or have a comment about a specific item number on this form, please identify your answer or statement by the section and item number)*