

VA REGIONAL OFFICE



**IMPROVED PENSION ELIGIBILITY  
VERIFICATION REPORT  
(VETERAN WITH NO CHILDREN) 6**

PAYEE ADDRESS

VA FILE NUMBER - PAYEE NUMBER - STUB NAME

VA REGIONAL OFFICE RETURN ADDRESS

IF YOU DO NOT RETURN THE COMPLETED FORM TO VA BY \_\_\_\_\_ YOUR BENEFITS WILL BE DISCONTINUED.

IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.

1A. YOUR SOCIAL SECURITY NUMBER (Enter correct number if wrong or missing)

1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER (Enter correct number if wrong or missing)

1C. ARE THE SOCIAL SECURITY NUMBERS SHOWN ABOVE CORRECT?  
 YES  NO (If "NO," enter correct Social Security Numbers in Items 1A and/or 1B)

1D. FIRST, MIDDLE, LAST NAME OF SPOUSE

1E. SPOUSE'S DATE OF BIRTH (Mo., day, yr.)

2. MARITAL STATUS (Check only one box)  
(1)  MARRIED -LIVING WITH SPOUSE (You are legally married and you live with your spouse or are separated for medical reasons.)  
(2)  MARRIED -NOT LIVING WITH SPOUSE (You are legally married but estranged from your spouse.) Show the amount you contributed to your spouse's support during \$ \_\_\_\_\_  
If you separated in \_\_\_\_\_, show the date of separation \_\_\_\_\_.  
(3)  NOT MARRIED (You have never married or are now divorced or widowed.) If your marriage ended in \_\_\_\_\_, show the date of divorce or death \_\_\_\_\_.

3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions.)  
IN YOUR CUSTODY \_\_\_\_\_ NOT IN YOUR CUSTODY \_\_\_\_\_  
AMOUNT CONTRIBUTED DURING \_\_\_\_\_ TO CHILDREN NOT IN YOUR CUSTODY \$ \_\_\_\_\_

4A. ARE YOU A PATIENT IN A NURSING HOME?  
 YES  NO (If "YES," complete Items 4B through 4D. If "NO," go to Item 5.)

4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include ZIP Code)

4B. SHOW THE DATE YOU ENTERED THE NURSING HOME

4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?  
 YES  NO

5. DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING \_\_\_\_\_ ?  
 YES  NO

6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE ?  
 YES  NO (If "YES," write in the VA file number of the other benefit) \_\_\_\_\_

**7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)**

GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK.)

SOURCE	VETERAN	SPOUSE
SOCIAL SECURITY(See Note below)		
U.S. CIVIL SERVICE		
U.S. RAILROAD RETIREMENT		
BLACK LUNG BENEFITS		
MILITARY RETIREMENT		
OTHER (Show Source)		
OTHER (Show Source)		

NOTE - If an amount is preprinted in one or both of the Social Security blocks above and the amount is correct, you are not required to make any entry in that Social Security block. Read Paragraph 3 of the EVR Instructions.

**7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)**

If no income was received from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK

SOURCE	VETERAN		SPOUSE	
GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	\$
TOTAL INTEREST AND DIVIDENDS				
ALL OTHER (Show Source)				
ALL OTHER (Show Source)				

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING \_\_\_\_\_ ? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income)

YES  NO (If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.)

7D. WHAT INCOME CHANGED? (Show what income changed; for example, wages, city pension, etc.)	7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)

**7G. NET WORTH (Read Paragraph 5 of the EVR Instructions)**

SOURCE	VETERAN	SPOUSE
CASH/NON-INTEREST-BEARING BANK ACCOUNTS	\$	\$
INTEREST-BEARING BANK ACCOUNTS		
IRA'S, KEOGH PLANS, ETC.		
STOCKS, BONDS, MUTUAL FUNDS, ETC.		
REAL PROPERTY (Not your home)		
ALL OTHER PROPERTY		

**8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)**

A. Our records show that during \_\_\_\_\_ you paid unreimbursed medical expenses of \$ \_\_\_\_\_ (MAKE NO ENTRY ON THIS LINE. GO DIRECTLY TO 8D IF \$0 APPEARS IN 8A, OTHERWISE GO TO 8B)

B. ENTER THE AMOUNT OF UNREIMBURSED MEDICAL EXPENSES YOU PAID DURING _____	\$
C. ENTER THE AMOUNT OF UNREIMBURSED MEDICAL EXPENSES YOU WILL PAY DURING _____	\$

D. If an amount greater than \$0 is printed in 8A and you entered amounts in 8B and 8C which are substantially the same as the amount printed in 8A, you do not have to complete the VA Form 21-8416 that was sent to you with this EVR. However, you may be required to complete VA Form 21-8416 and furnish proof of payments at a later date. If \$0 is printed in Item 8A or if an amount is printed in 8A but it is not substantially the same as the amounts you entered in 8B and 8C, you must submit VA Form 21-8416 with this EVR in order to claim a medical expense deduction or continue an existing deduction.

9. VETERAN'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions). Show amounts paid by you during _____ . DO NOT REPORT DEPENDENTS' EXPENSES.	\$
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10A. SIGNATURE OF VETERAN (Read paragraph 9 of the EVR Instructions before signing)	10B. DATE SIGNED
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**10C. TELEPHONE NUMBERS (Include Area Code)**

DAYTIME	EVENING
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**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 is false, or fraudulent acceptance of any payment to which you are not entitled.