

VA REGIONAL OFFICE

PAYEE ADDRESS

 **Department of Veterans Affairs**

**IMPROVED PENSION ELIGIBILITY
VERIFICATION REPORT
(CHILD OR CHILDREN)** 9C

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.

1. CHILD(REN)'S MARITAL AND SCHOOL STATUS

List the children's names, dates of birth, and Social Security numbers, and indicate marital and school status for all children being paid on this award. If the child does not have a Social Security number, write "No SSN" in the space provided for the child's Social Security number. If other children are on separate VA awards, they will receive their own EVRs. If additional space is needed, attach a separate sheet of paper.

NOTE: Complete Item 1E only if the child is 18 years of age or older. Complete Item 1F only if the child is between the ages of 18 and 23 and has not been rated disabled by VA. The child is considered to have attended school continuously if the child attended every regular school term except summer school or holiday periods. If Block (2), STOPPED SCHOOL, is checked in Item 1E or "NO" is checked in Item 1F, provide the date the child last attended school in Item 1F.

A. FULL NAME OF EACH CHILD (First, middle initial, last)	B. DATE OF BIRTH (Mo.,day,yr.)	C. SOCIAL SECURITY NUMBER	D. MARITAL STATUS	E. SCHOOL STATUS	F. ATTENDED SCHOOL CONTINUOUSLY SINCE AGE 18	DATE LEFT SCHOOL
			(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO	
			(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO	
			(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO	
			(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO	
			(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO	
			(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO	

5. DID ANY CHILD ON THIS AWARD RECEIVE WAGES AT ANY TIME DURING _____ ?
 YES NO

REPORT OF INCOME AND NET WORTH

IMPORTANT NOTE ABOUT ITEMS 3A THROUGH 3G:

Child Claimants or Payees: If you are a child claiming or receiving pension in your own right, report your income and net worth in the CHILD columns. Leave the CUSTODIAN columns blank.

Custodians of Children: If you are claiming or receiving pension as the custodian of a child or children, report the child's income and net worth in the CHILD columns, and enter your income and net worth in the CUSTODIAN columns. If you are also the child's parent, you are married, and you live with your spouse, add your and your spouse's incomes and net worth together and enter the totals in the CUSTODIAN columns in Items 3A, 3B, and 3G.

Institutional Custodians: If you are an institutional custodian of a child, report the child's income and net worth in the CHILD columns. Leave the CUSTODIAN columns blank.

If no income was received from a particular source, write "0" or "none." Do not leave any items blank unless the instructions specifically indicate that the item does not have to be answered.

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

SOURCE	CUSTODIAN:	CHILD:	CHILD:
SOCIAL SECURITY (See Note Below)	\$	\$	\$
U.S. CIVIL SERVICE			
U.S. RAILROAD RETIREMENT			
BLACK LUNG BENEFITS			
OTHER RETIREMENT			
OTHER (Show Source)			
OTHER (Show Source)			

NOTE: If an amount is preprinted in one or more 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)

3B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)

SOURCE	CUSTODIAN:		CHILD:		CHILD:	
GROSS SALARY OR WAGES	\$	\$	\$	\$	\$	\$
TOTAL INTEREST AND DIVIDENDS						
ALL OTHER (Show Source)						

3C. 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 3D through 3F. If "NO," go to Item 3G.)

3D. WHAT INCOME CHANGED? (Show what income changed, for example, wages, city pension, etc.)	3E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	3F. HOW DID INCOME CHANGE? (Tell what happened; for example, quit work, got raise, received inheritance)

3G. NET WORTH (Read Paragraph 5 of the EVR Instructions)

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

4. CHILD'S MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)

A. Our records show that during _____ the child(ren) paid medical expenses of \$ _____. (MAKE NO ENTRY ON THIS LINE. GO DIRECTLY TO 4D IF \$0 APPEARS IN 4A, OTHERWISE GO TO 4B.)

B. Enter the amount of unreimbursed medical expenses the child(ren) paid during _____ . \$ _____

C. Enter the amount of unreimbursed medical expenses the child(ren) will pay during _____ . \$ _____

D. If an amount greater than \$0 is printed in 4A and you entered amounts in 4B and 4C which are substantially the same as the amount printed in 4A, 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 4A or if an amount is printed in 4A but it is not substantially the same as the amounts you entered in 4B and 4C, you must submit VA Form 21-8416 with this EVR in order to claim a medical expense deduction or continue an existing deduction.

5. CHILD'S EDUCATIONAL EXPENSES (Read Paragraph 7 of the EVR Instructions)

If a school child answered "YES" to Items 1F and 2, report any educational expenses the child paid out of his/her own funds during _____

A. SCHOOL CHILD'S NAME	B. AMOUNT PAID
	\$
	\$

6A. SIGNATURE OF PAYEE (Read Paragraph 9 of the EVR Instructions before signing)	6B. DATE SIGNED
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6C. 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.