

VA REGIONAL OFFICE	Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE WITH CHILDREN) 9S				
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. VETERAN'S SOCIAL SECURITY NUMBER (Enter correct number if wrong or missing)				
1C. ARE THE SOCIAL SECURITY NUMBERS SHOWN ABOVE CORRECT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," enter correct Social Security Numbers in Item 1A and/or 1B)	1D. YOUR DATE OF BIRTH (Month, Day, Year)				
2. MARITAL STATUS (Check only one box)					
(1) <input checked="" type="checkbox"/> I HAVE NOT MARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death.)					
(2) <input type="checkbox"/> I REMARRIED ON _____ (DATE) AND I AM STILL MARRIED (You married after the veteran's death and you are currently married. Enter the date you married your current spouse.)					
(3) <input type="checkbox"/> I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (DATE) (You remarried but you are not currently married. Show the date your latest marriage ended.)					
3A. UNMARRIED DEPENDENT CHILDREN (Read Paragraph 1 of the EVR Instructions)					
FULL NAME OF EACH CHILD (First, middle initial, last)	DATE OF BIRTH (Mo., day, yr.)	SOCIAL SECURITY NUMBER	PLEASE CHECK ONE (X)		
			UNDER 18 YEARS OF AGE	OVER 18 AND UNDER 23, AND ATTENDING SCHOOL	ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS
3B. UNMARRIED DEPENDENT CHILDREN LISTED IN 3A WHO DO NOT LIVE WITH YOU					
NAME OF CHILD	CHILD'S COMPLETE ADDRESS	NAME OF PERSON CHILD LIVES WITH (If Applicable)	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT		
4A. ARE YOU A PATIENT IN A NURSING HOME? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO					
5. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING _____ ? <input type="checkbox"/> YES <input type="checkbox"/> NO					
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> 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	SURVIVING SPOUSE	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.

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	SURVIVING SPOUSE		CHILD:		CHILD:	
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? (Tell what happened; for example, quit work, got raise, received inheritance)

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

SOURCE	SURVIVING SPOUSE	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			

8. FAMILY 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. SURVIVING SPOUSE'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions)

Show amounts paid by you during _____ . DO NOT REPORT CHILDREN'S EXPENSES. \$ _____

10. FAMILY MAINTENANCE (HARDSHIP) EXPENSES FOR _____ . (Read Paragraph 8 of the EVR Instructions)

Complete ONLY IF VA is currently excluding children's income on the grounds of hardship. Show total family expenses expected for _____ . \$ _____

11A. SIGNATURE OF PAYEE (Read Paragraph 9 of the EVR Instructions before signing)	11B. DATE SIGNED
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11C. 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.