

INSTRUCTIONS FOR INFORMATION FROM REMARRIED WIDOWER VA FORM 21-4103

NOTE: Read very carefully, detach, and keep this instruction sheet 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 is the purpose of VA Form 21-4103?

If a surviving spouse is no longer eligible to receive death pension, use VA Form 21-4103 to apply for death pension on behalf of a child or children of the veteran.

C. Who may be eligible for death pension?

Pension may be paid for the veteran's biological children, adopted children, and stepchildren. But these children must be unmarried and:

- under age 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.

If any child is claimed as permanently unable to support themselves 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 a child who is receiving death pension marries, then VA will no longer pay pension. However, VA may begin paying pension again if the child's marriage is terminated.

D. How does VA decide whether or not a child is eligible to receive death pension?

VA pays pension based on the amount of income and net worth of the child or children and the person or persons legally responsible for the child's or children's support. 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.

Income

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. Be sure to report the total amounts before you take out deductions for taxes, insurance, etc. 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.

Net Worth

Net worth is the market value of all interest and rights you, your spouse and the child(ren) have 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 used everyday like your vehicle, clothing, and furniture. The net worth must be reported for the person legally responsible for the child(ren)'s support and all child(ren) for whom benefits are claimed.

In order to determine entitlement to pension, the surviving spouse must report:

- All his/her income and net worth, and
- All the income and net worth of his/her spouse from the date of remarriage, and
- All the income and net worth of each child for whom benefits are claimed.

E. How do I complete my application?

Print all answers clearly. 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 13, "Remarks," or attach a separate sheet, indicating the item number to which the answers apply. Make sure you sign and date this application.

F. 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.



INFORMATION FROM REMARRIED WIDOW/ER

Privacy Act Notice: 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) identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine eligibility for benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine eligibility for death pension for a veteran's child or children (38 U.S.C. 1542). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 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. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

IMPORTANT - Please read the instructions before completing this form.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	2. VA FILE NUMBER
	XC-

PART I - INFORMATION REGARDING WIDOW/ER

3. FIRST NAME - MIDDLE NAME - LAST NAME OF WIDOW/ER	4. ADDRESS (<i>Number and street or rural route, city, State and ZIP Code</i>)
5. DATE REMARRIED (<i>Month, day, year</i>)	6. PLACE REMARRIED (<i>City and State</i>)
7A. DAYTIME TELEPHONE NO. (<i>Including Area Code</i>)	7B. EVENING TELEPHONE NO. (<i>Including Area Code</i>)

PART II - INFORMATION REGARDING CHILD/REN OF VETERAN

8A. NAME AND ADDRESS OF CHILD	8B. NAME AND ADDRESS OF PERSON HAVING CUSTODY

PART III - NET WORTH

NOTE: If you have no income or net worth from a particular source, write "0" or "none." Do not leave any items blank.

ITEM NO.	SOURCE	AMOUNTS				
		WIDOW/ER	SPOUSE	NAME OF CHILD/REN		
9A.	STOCKS, BONDS, BANK DEPOSITS	\$	\$	\$	\$	\$
9B.	REAL ESTATE <i>(Do not include residence)</i>					
9C.	OTHER PROPERTY					
9D.	TOTAL DEBTS					
9E.	NET WORTH	\$	\$	\$	\$	\$

PART IV - ANNUAL INCOME

NOTE: If you have no income or net worth from a particular source, write "0" or "none." Do not leave any items blank.

ITEM NO.	SOURCE	AMOUNTS				
		WIDOW/ER	SPOUSE <i>(Income from date of marriage)</i>	NAME OF CHILD/REN		

AMOUNT RECEIVED FROM JANUARY 1 TO DATE WIDOW/ER REMARRIED

10A.	EARNINGS					
10B.	SOCIAL SECURITY					
10C.	OTHER ANNUITIES AND RETIREMENTS					
10D.	DIVIDENDS, INTEREST, ETC.					
10E.	OTHER INCOME <i>(Specify source)</i>					
10F.	OTHER INCOME <i>(Specify source)</i>					

AMOUNT EXPECTED FROM DATE WIDOW/ER REMARRIED THROUGH END OF CALENDAR YEAR

11A.	EARNINGS					
11B.	SOCIAL SECURITY					
11C.	OTHER ANNUITIES AND RETIREMENTS					
11D.	DIVIDENDS, INTEREST, ETC.					
11E.	OTHER INCOME <i>(Specify source)</i>					
11F.	OTHER INCOME <i>(Specify source)</i>					

AMOUNT EXPECTED NEXT CALENDER YEAR

12A.	EARNINGS					
12B.	SOCIAL SECURITY					
12C.	OTHER ANNUITIES AND RETIREMENTS					
12D.	DIVIDENDS, INTEREST, ETC.					
12E.	OTHER INCOME <i>(Specify source)</i>					
12F.	OTHER INCOME <i>(Specify source)</i>					

13. REMARKS *(Use this space for any additional information regarding this claim)*

CERTIFICATION: I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

14. SIGNATURE

15. DATE SIGNED

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 fraudulent acceptance of any payment to which you are not entitled.