


FIRST, MIDDLE, LAST NAME OF VETERAN	 Department of Veterans Affairs OLD LAW AND SECTION 306 ELIGIBILITY VERIFICATION REPORT (VETERAN) 2V
YOUR COMPLETE MAILING ADDRESS	VA FILE NUMBER
	VA REGIONAL OFFICE RETURN ADDRESS
IMPORTANT: Please read the enclosed EVR Instructions (VA Form 21-0510) before completing this form. This form is used by veterans receiving Old Law or Section 306 Pension. If you have been receiving a fixed rate of pension since 1960, you receive Old Law Pension. If you have been receiving a fixed rate of pension since 1978, you receive Section 306 Pension. If you receive Old Law Pension, do not complete Item 7G, Net Worth, and Item 8, Family Medical Expenses. If you receive Section 306 Pension, complete all items.	
1A. YOUR SOCIAL SECURITY NUMBER	1B. YOUR SPOUSES'S SOCIAL SECURITY NUMBER
1C. FIRST NAME - MIDDLE NAME - LAST NAME OF YOUR SPOUSE	1D. YOUR SPOUSE'S DATE OF BIRTH (Mo., day, yr.)
2. MARITAL STATUS (Check one box) (1) <input type="checkbox"/> MARRIED-LIVING WITH SPOUSE (You are legally married and live with your spouse or you live apart only for medical reasons.) (2) <input type="checkbox"/> 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 the last 12 months _____ If you separated within the last 12 months, show the date of separation _____ (3) <input type="checkbox"/> NOT MARRIED (You have never married or are now divorced or widowed.) If your marriage ended within the last 12 months, show the date of divorce or death _____	
3A. NUMBER OF UNMARRIED DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions) _____ IN YOUR CUSTODY _____ NOT IN YOUR CUSTODY	3B. AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ _____
4A. ARE YOU A PATIENT IN A NURSING HOME? (If "YES," Complete Items 4B thru 4D. If "NO," go to Item 5.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME _____	4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF THE NURSING HOME (Please include ZIP Code)
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 THE PAST 12 MONTHS? <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 you checked "YES," write in the VA File number of the other benefit) _____	

7. REPORT OF INCOME AND NET WORTH

NOTE - If no income or net worth was received from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK.
Exception: Report your spouse's income only if you receive Section 306 Pension.

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

SOURCE	GROSS MONTHLY AMOUNTS	
	VETERAN	SPOUSE - SECTION 306 ONLY
SOCIAL SECURITY	\$	\$
U.S. CIVIL SERVICE		
U.S. RAILROAD RETIREMENT		
MILITARY RETIREMENT		
BLACK LUNG BENEFITS		
SUPPLEMENTAL SECURITY INCOME (SSI)/PUBLIC ASSISTANCE		
OTHER MONTHLY INCOME (Show Source)		

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

NOTE - If no income was received from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK.
Exception: Report your spouse's income only if you receive Section 306 Pension.

SOURCE	LAST YEAR		THIS YEAR	
	VETERAN	SPOUSE -Sec. 306 Only	VETERAN	SPOUSE -Sec. 306 Only
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 THE LAST 12 MONTHS? (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 of if you received any NEW source of income or any ONE-TIME income)

(1) YES (2) 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. VETERAN'S NET WORTH (Read Paragraph 5 of the EVR Instructions)

NOTE: Complete only if you receive Section 306 Pension. Skip to Item 9A if you receive Old Law Pension.

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

8. FAMILY MEDICAL EXPENSES

NOTE: Skip to Item 9A if you receive Old Law Pension.

If Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, **Medical Expense Report**, to report your medical expenses.

9A. SIGNATURE OF CLAIMANT, CUSTODIAN OR GUARDIAN (Read Paragraph 9 of the EVR Instructions before signing)

9B. DATE

10. TELEPHONE NUMBER (Include Area Code)

DAYTIME

EVENING

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.