

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	<b>Department of Veterans Affairs</b>
VETERAN'S SOCIAL SECURITY NUMBER	<b>OLD LAW AND SECTION 306          ELIGIBILITY VERIFICATION REPORT          (CHILDREN ONLY) <span style="float: right;">3</span></b>
NAME OF CHILD'S CUSTODIAN	
COMPLETE MAILING ADDRESS OF CHILD OR CUSTODIAN	
	VA FILE NUMBER
	VA REGIONAL OFFICE RETURN ADDRESS

**IMPORTANT:** Please read the enclosed EVR Instructions (VA Form 21P-0510) before completing this form. This form is used by children and custodians of children 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 2G, Net Worth, and Item 3, Family Medical Expenses. If you receive Section 306 Pension, complete all items.

**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 CHILD <i>(First, middle, initial, last)</i>	B. DATE OF BIRTH <i>(Mo., day, yr.)</i>	C. SOCIAL SECURITY NUMBER	D. MARITAL STATUS	E. SCHOOL STATUS	F. ATTENDED SCHOOL CONTINUOUSLY SINCE AGE 18
			(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	<input type="checkbox"/> YES <input type="checkbox"/> NO 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	<input type="checkbox"/> YES <input type="checkbox"/> NO 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	<input type="checkbox"/> YES <input type="checkbox"/> NO 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	<input type="checkbox"/> YES <input type="checkbox"/> NO 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	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE LEFT SCHOOL

**2. REPORT OF INCOME AND NET WORTH**

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

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

SOURCE	CHILD'S NAME:	CHILD'S NAME:	CHILD'S NAME:
SOCIAL SECURITY	\$	\$	\$
U.S. CIVIL SERVICE			
U.S. RAILROAD RETIREMENT			
BLACK LUNG BENEFITS			
SUPPLEMENTAL SECURITY INCOME (SSI)			
OTHER INCOME <i>(Show source)</i>			
OTHER INCOME <i>(Show source)</i>			

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

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

SOURCE	CHILD		CHILD		CHILD	
	FROM:	FROM:	FROM:	FROM:	FROM:	FROM:
	THRU:	THRU:	THRU:	THRU:	THRU:	THRU:
GROSS SALARY OR WAGES	\$	\$	\$	\$	\$	\$
TOTAL INTEREST AND DIVIDENDS						
ALL OTHER <i>(Show Source)</i>						
ALL OTHER <i>(Show Source)</i>						

**2C. DID ANY INCOME CHANGE** *(Increase/Decrease) DURING THE PAST 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 or if you received any NEW source of income or any ONE-TIME income)*

(1)  YES (2)  NO *(If "YES", complete Items 2D through 2F. If "NO", go to Item 2G.)*

2D. WHAT INCOME CHANGED? <i>(Show what income changed; for example, wages, city pension, etc.)</i>	2E. WHEN DID INCOME CHANGE? <i>(Show the dates you received any new income or the date income changed)</i>	2F. HOW DID INCOME CHANGE? <i>(Explain what happened; for example, quit work, got raise, received inheritance)</i>

**2G. NET WORTH** *(Read Paragraph 5 of the EVR Instructions)*

NOTE: Complete only if you receive Section 306 Pension. Skip to Item 4A if you receive Old Law Pension.

SOURCE	CHILD	CHILD	CHILD
CASH, NON-INTEREST-BEARING BANK ACCOUNTS	\$	\$	\$
INTEREST-BEARING BANK ACCOUNTS			
STOCKS, BONDS, MUTUAL FUNDS, ETC.			
CERTIFICATES OF DEPOSIT, IRAs, ETC.			
REAL PROPERTY <i>(Excluding child's home)</i>			
ALL OTHER PROPERTY			

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

NOTE: Skip to Item 4A if you receive Old Law Pension.

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

4A. SIGNATURE OF PAYEE <i>(Read Paragraph 9 of the EVR Instructions before signing)</i>	4B. DATE
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**5. TELEPHONE NUMBERS** *(Include Area Code)*

A. DAYTIME	B. 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.