

**GENERAL INSTRUCTIONS****FOR APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION, DEATH PENSION AND ACCRUED BENEFITS BY A  
SURVIVING SPOUSE OR CHILD (INCLUDING DEATH COMPENSATION IF APPLICABLE)  
VA FORM 21P-534**

**Note: Read very carefully, detach, and keep these instructions for your reference.**

**A. How can I contact VA if I have questions?**

If you have any questions about this form, how to fill it out, or about VA 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 at [www.va.gov/directory](http://www.va.gov/directory) or you may call 1-800-827-1000 (Hearing Impaired TDD line is 711). You may also contact VA by Internet at <https://iris.va.gov>.

**B. What is the purpose of VA Form 21P-534?**

Use VA Form 21P-534 to apply for:

- VA benefits you may be entitled to receive as a surviving spouse or child of a deceased veteran, *and*
- any money VA owes the veteran but did not pay prior to his or her death (accrued benefits).

**NOTE:** If you apply for any one of these benefits, the law requires that we also consider you for the others.

**C. What is the purpose of the attached SSA-24 form?**

You can apply for Social Security (SS) benefits by using the SSA-24 form attached to this VA Form (see pages 11 and 12). You don't have to apply if you don't want to or have already done so. If you do want to apply, fill it out and leave it attached. We will send it to the Social Security Administration for you. They will then contact you.

**D. What are dependency and indemnity compensation (DIC) and death pension benefits, and how does VA decide what I will or will not receive?**

1. Dependency and indemnity compensation may be payable when:
  - a veteran's death occurred in service, *or*
  - a veteran dies of a service-connected disability, *or*
  - in certain circumstances if a veteran rated totally disabled from service-connected disability dies from non service-connected conditions.
2. Death pension may be payable when:
  - the death of a veteran with wartime service is not due to service, *and*
  - income is within applicable limits.

VA pays pension based on the amount of family income and the number of dependent children. This is based on law. VA must include as income all sources that Federal law specifies. If there is no surviving spouse, pension may be payable on behalf of a child or children.

Unless a claim for dependency and indemnity compensation or death pension is filed within 1 year from the date of the veteran's death, that benefit is not payable from a date earlier than the date the claim is received in the VA.

If it is determined that you are entitled to DIC and death pension, we will pay you whichever benefit entitles you to the most money. Benefit rates and income limits are frequently changed, so it is not possible to keep this information current in these instructions. You can find out what the current income limitations and rates of benefits are by contacting your nearest VA regional office.

**E. How do I apply for aid and attendance allowance and/or housebound benefits?**

VA may pay a higher rate of DIC or pension to a surviving spouse who is blind, a patient in a nursing home, otherwise needs regular aid and attendance, or who is permanently confined to his or her home because of a disability. If you wish to apply for this benefit, check "Yes" for Item 31.

**F. 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 51, "Remarks," or attach a separate sheet, indicating the item number to which the answers apply. Make sure you sign and date this application (Items 48A and 48B).

**Note:** If the claim is being made on behalf of a minor or incompetent person, the application form should be completed and filed by the legal guardian. If no legal guardian has been appointed, it may be completed and filed by some person acting on behalf of the minor or incompetent person.

### **G. 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 mailing it. You can find the mailing address of your local VA regional office at [www.va.gov/directory](http://www.va.gov/directory).

### **H. How can I assign someone to act as my representative?**

A representative can be an accredited member of an accredited organization or other service organization that the Secretary of Veterans Affairs recognizes, an agent recognized by VA, or a licensed lawyer. Agents and attorneys can charge you for services that you get from them only after the Board of Veteran's Appeals (BVA) gives you their final decision about your application. That means you can use an attorney during any stage of your application for benefits. However, the agent or attorney cannot charge you for services unless you are trying to resolve a dispute with VA after BVA has made a decision about your claim.

If you want to use a representative to help you with your application, contact the nearest VA office. Depending on the type of representative you want to designate, we will send you one of the following forms:

- VA Form 21-22, Appointment of a Veterans Service Organization as Claimant's Representative, *or*
- VA Form 21-22A, Appointment of Individual as Claimant's Representative.

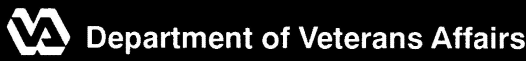
You may also download these forms at [www.va.gov/vaforms](http://www.va.gov/vaforms). If you have already designated a representative, no further action is required on your part.

### **I. What if I believe that VA has made an error in processing or deciding my benefits?**

You can ask for a personal hearing at any time during the processing of your claim. That means you can ask for the hearing while VA is processing your claim or after VA has made a decision. You should contact the nearest VA office and tell them that you want a personal hearing on your case. Someone in the local VA office will arrange a time and place for your hearing. At this hearing, you can bring witnesses. VA will record whatever you and your witnesses say during the hearing and include it in the official record. VA will furnish the hearing room and officials, and prepare a transcript of the hearing. VA cannot pay your expenses or the expenses of anyone you want to bring with you to the hearing.

**PRIVACY ACT INFORMATION:** The 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) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

**RESPONDENT BURDEN:** We need this information to determine eligibility for death benefits and accrued benefits under 38 U.S.C. 1310 through 1314, 1532 through 1543, and 5121. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour and 15 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](http://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.



**APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION,  
 DEATH PENSION AND ACCRUED BENEFITS BY A SURVIVING SPOUSE OR CHILD  
 (Including Death Compensation if Applicable)**

**IMPORTANT** - Read the attached "General Instructions" before you fill out this form.

**(DO NOT WRITE IN THIS  
 SPACE)  
 (VA DATE STAMP)**

PART I - CLAIM INFORMATION <i>(Tell us what you are applying for and what you and the deceased veteran have applied for)</i>	
1. DID THE VETERAN EVER FILE A CLAIM WITH VA ? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer Item 2)</i>	2. WHAT IS THE VA FILE NUMBER? <i>(If known)</i>
3. HAS THE SURVIVING SPOUSE OR CHILD EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer Items 4 through 6)</i>	4. WHAT IS THE VA FILE NUMBER? <i>(If known)</i>
5. WHAT IS THE NAME OF THE PERSON ON WHOSE SERVICE THE CLAIM WAS FILED? <i>(First, Middle, Last Name of Veteran)</i>	
6. WHAT IS YOUR RELATIONSHIP TO THAT PERSON?	7. ARE YOU CLAIMING SERVICE CONNECTION FOR CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO

PART II - IDENTIFYING INFORMATION <i>(Provide information about you and the deceased veteran)</i>		
8. WHAT IS THE VETERAN'S NAME? <i>(First, Middle, Last Name of Veteran) (Suffix - if applicable)</i>	9. VETERAN'S SOCIAL SECURITY NO.	
10A. DID THE VETERAN SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer Item 10B)</i>	10B. LIST THE OTHER NAME(S) THE VETERAN SERVED UNDER	
11. WHAT IS THE VETERAN'S DATE OF BIRTH <i>(Month, Day, Year)</i>	12. WHAT IS THE VETERAN'S DATE OF DEATH <i>(Month, Day, Year)</i> <i>(NOTE: Attach a copy of the death certificate unless the veteran died in active service of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or in a U.S. government institution)</i>	
13. WAS THE VETERAN A FORMER PRISONER OF WAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	14. WHAT IS YOUR NAME? <i>(First, Middle, Last Name of Veteran's Spouse or Child)</i>	
15. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? <i>(Check one)</i> <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD	16. WHAT IS YOUR ADDRESS <i>(Number and street or rural route, city or P.O., State, ZIP Code and Country)</i>	
17. WHAT ARE YOUR TELEPHONE NUMBERS? <i>(Include Area Code)</i>	18. WHAT IS YOUR E-MAIL ADDRESS?	
DAYTIME	EVENING	CELL PHONE
19. WHAT IS YOUR SOCIAL SECURITY NUMBER?	20. WHAT IS THE YOUR DATE OF BIRTH <i>(Month, Day, Year)</i>	

**PART III - VETERAN'S ACTIVE DUTY SERVICE**

**NOTE:** Skip to Part IV if the veteran was receiving VA Compensation or Pension at the time of his or her death.

**IMPORTANT:** Enter complete information for all periods of service. If more space is needed use Item 51 "Remarks". If the veteran never filed a claim with VA, attach the original DD214 or a certified copy for each period of service listed. We will return original documents to you.

21A. ENTERED ACTIVE SERVICE - First Period <i>(Month, Day, Year)</i>	21B. PLACE ENTERED ACTIVE SERVICE - First Period	21C. SERVICE NUMBER	21D. DATE LEFT ACTIVE SERVICE - First Period <i>(Month, Day, Year)</i>
21E. PLACE LEFT ACTIVE SERVICE - First Period		21F. BRANCH OF SERVICE	21G. GRADE, RANK, OR RATING
21H. ENTERED ACTIVE SERVICE - Second Period <i>(Month, Day, Year)</i>	21I. PLACE ENTERED ACTIVE SERVICE - First Period	21J. SERVICE NUMBER	21K. DATE LEFT ACTIVE SERVICE - Second Period <i>(Month, Day, Year)</i>
21L. PLACE LEFT ACTIVE SERVICE - Second Period		21M. BRANCH OF SERVICE	21N. GRADE, RANK, OR RATING

**PART IV- MARITAL INFORMATION**

*(Attach a copy of your marriage certificate showing your marriage to the veteran)*

**NOTE:** You must furnish complete information about **all** marriages of the surviving spouse and the veteran. If you are claiming benefits as the surviving spouse of the veteran you should complete Items 22A through 28. If you are not the surviving spouse skip **Items 23A through 28**.

**TELL US ABOUT THE VETERAN'S MARRIAGES**

22A. HOW MANY TIMES WAS THE VETERAN MARRIED? (Include marriage to you)

22B. DATE (month, day, year) and PLACE OF MARRIAGE (city, state or country)	22C. TO WHOM MARRIED (first, middle, last name)	22D. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	22E. HOW MARRIAGE TERMINATED (death, divorce)	22F. DATE (month, day, year) and PLACE MARRIAGE TERMINATED (city/state or country)

22G. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 22D, PLEASE EXPLAIN:

**TELL US ABOUT YOUR MARRIAGES**

23A. HOW MANY TIMES HAVE YOU BEEN MARRIED? (Include your marriage to the veteran) <i>Provide information in Items 23c through 23G for all of your marriages)</i>	23B. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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23C. DATE (month, day, year) and PLACE OF MARRIAGE (city/state or country)	23D. TO WHOM MARRIED (first, middle, last name)	23E. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	23F. HOW MARRIAGE TERMINATED (death, divorce, marriage has not been terminated)	23G. DATE (month, day, year) and PLACE MARRIAGE TERMINATED (city/state or country)

23H. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 23E, PLEASE EXPLAIN:

24. WAS A CHILD BORN TO YOU AND THE VETERAN DURING YOUR MARRIAGE OR PRIOR TO YOUR MARRIAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Answer Item 24 only if you were married to the veteran less than one year)</i>	25. ARE YOU EXPECTING THE BIRTH OF THE VETERAN'S CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO
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26. DID YOU LIVE CONTINUOUSLY WITH THE VETERAN FROM THE DATE OF MARRIAGE TO THE DATE OF HIS/HER DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Item 27)</i>	27. WHAT WAS THE CAUSE OF SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION <i>(IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)</i>
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28. AT THE TIME OF YOUR MARRIAGE TO THE VETERAN, WERE YOU AWARE OF ANY REASON THE MARRIAGE MIGHT NOT BE LEGALLY VALID?  
 YES     NO    *(If "Yes," provide explanation):* \_\_\_\_\_

**PART V: DEPENDENT CHILDREN (Complete ONLY if claiming benefits for a child(ren) of the veteran)**  
*(Skip to Section VI if you are NOT claiming benefits for a child(ren) of the veteran)*

29A. NAME OF CHILD (First, middle initial, last name)	29B. DATE (month, day, year) and PLACE OF BIRTH (city/state or country)	29C. SOCIAL SECURITY NUMBER	<i>(Check all that apply)</i>						
			29D. BIOLOGICAL	29E. ADOPTED	29F. STEPCCHILD	29G. 18-23 YEARS OLD (in school)	29H. SERIOUSLY DISABLED	29I. CHILD MARRIED	29J. CHILD PREVIOUSLY MARRIED
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us about the child(ren) listed in Item 29A that **do not** live with you in Items 30A through 30D.

30A. NAME OF CHILD (First, middle initial, last name)	30B. CHILD'S COMPLETE ADDRESS (Number and street or rural route, city or P.O., city, State, ZIP Code and country)	30C. NAME OF PERSON THE CHILD LIVES WITH (If applicable)	30D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT
			\$
			\$
			\$

**PART VI: HOUSEBOUND, IN A NURSING HOME OR REQUIRE AID AND ATTENDANCE**

NOTE: If you are claiming aid and attendance allowance and/or housebound benefits because you need the regular assistance of another person, are having severe visual problems, or are housebound and not in a nursing home, submit a statement from your doctor showing the extent of your disabilities. If you are in a nursing home, attach a statement signed by an official of the nursing home showing the date you were admitted, the level of care you receive, the amount you pay out-of-pocket for your care, and whether Medicaid covers all or part of your nursing home costs.

31. ARE YOU CLAIMING AID AND ATTENDANCE ALLOWANCE AND/OR HOUSEBOUND BENEFITS BECAUSE YOU NEED THE REGULAR ASSISTANCE OF ANOTHER PERSON, ARE HAVING SEVERE VISUAL PROBLEMS, OR ARE HOUSEBOUND?

YES  NO

32A. ARE YOU NOW IN A NURSING HOME?

YES  NO (If "Yes," answer Items 32B and 32C)

32B. PROVIDE THE NAME AND COMPLETE MAILING ADDRESS OF THE FACILITY

32C. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME COSTS?

YES  NO (If "No," answer Item 32D)

32D. HAVE YOU APPLIED FOR MEDICAID?

YES  NO

**PART VII: TRANSFER OF ASSETS AND/OR PROPERTY**

**IMPORTANT:** If the transfer involved a trust, annuity, or other similar arrangement please provide a copy of the trust or transfer documents.

33. HAVE YOU OR THE VETERAN'S DEPENDENT CHILD TRANSFERRED, GIVEN AWAY, OR SOLD ANY PROPERTY IN THE LAST 36 MONTHS (3 years), INCLUDING THE PURCHASE OF AN ANNUITY, TRUST, OR OTHER FINANCIAL PRODUCTS THAT WILL PROVIDE FUTURE INCOME, OR PROPERTY PLACED IN A TRUST, IN THE LAST 3 YEARS? (Report only those transfers over \$1,500, including multiple/separate transfers to an individual or company so that the total equals \$1,500 or more)

EXAMPLES OF TRANSFER ITEMS: Cash, house, mobile home, car tractor, livestock, motorized vehicles, land, time-shares, real property, gifts, etc.

YES  NO (If "Yes," complete Items 34A through 34G)

34A. ITEM THAT YOU OR YOUR SPOUSE TRANSFERRED, SOLD OR GAVE AWAY	34B. DID THIS TRANSFER INVOLVE THE CREATION OF A TRUST OR PURCHASE OF AN ANNUITY?	34C. WHAT WAS THE MARKET VALUE AT THE TIME OF TRANSFER?	34D. TRANSFERRED TO WHOM? (If the transfer involved a trust, include tax id number for the trust)	34E. THEIR RELATIONSHIP TO YOU (If the transfer involved an annuity, include the type of annuity purchased)	34F. DATE OF TRANSFER (mm/dd/yyyy)	34G. AMOUNT YOU RECEIVED IN EXCHANGE FOR THIS TRANSFER (If you will receive recurring payments as a result of transfer, include that information in Part IX)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$				\$

35A. HAVE YOU OR THE VETERAN'S DEPENDENT CHILD IN THE PAST 3 YEARS OWNED OR HAD ANY INTEREST (including life estate, joint ownership, etc.) IN ANY REAL PROPERTY OTHER THAN YOUR PRIMARY RESIDENCE?

YES  NO (If "Yes," complete Item 35B and 35C) (NOTE: If you answered "Yes," to owning property other than your home, now or in the past 3 years, please provide VA with a copy of the deed for that property)

35B. ADDRESS OF PROPERTY (Include County and State)

35C. DATE YOU SIGNED DEED TRANSFERRING THIS PROPERTY (mm,dd,yyyy)

**PART VIII: NET WORTH (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)**

*(Skip to PART IX if you are NOT claiming death pension benefits or parents DIC)*

VA cannot pay you pension if your net worth is excessive. "Net Worth" is the market value of all interest and rights you have in any kind of property, less any mortgages or other claims against the property. However, net worth does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. You must report net worth for yourself and all persons for whom you are claiming benefits.

**36A. NET WORTH** - Provide amounts *(DO NOT LEAVE ANY ITEMS BLANK. If your household has no net worth in a particular source, write "0" or "NONE". If you leave a space blank, it will delay your claim.)*

SOURCE OF NET WORTH	OWNER OF PROPERTY				BANK OR PAYOR
	SURVIVING SPOUSE OR CUSTODIAN OF CHILD(REN)	CHILD NAME:	CHILD NAME:	CHILD NAME:	(Provide the name of the financial institution or business)
CASH	\$	\$	\$	\$	
NON-INTEREST BEARING CHECKING ACCOUNTS					
INTEREST-BEARING BANK ACCOUNTS, (Including savings, money market accounts, certificates of deposit (CDs) or any accounts that generate income reported on a 1099-INT form that you submit to the IRS)					
RETIREMENT ACCOUNTS (Including IRAs, SEP, Qualified Plans, Pensions, Annuities, etc., or any accounts that generate income reported on a 1099-R form that you submit to the IRS)					
INVESTMENTS IN STOCKS, BONDS, OR MUTUAL FUNDS THAT GENERATE INCOME REPORTED ON A 1000-DIV FORM THAT YOU SUBMIT TO THE IRS					
VALUE OF BUSINESS ASSETS THAT YOU MAY HAVE REPORTED ON A SCHEDULE K-1 OF FORM 1120S, A SCHEDULE K-1 OF FORM 1065, OR SCHEDULE C THAT YOU SUBMIT TO THE IRS					
VALUE OF REAL PROPERTY AT THE TIME THAT YOU SUBMIT THIS FORM TO THE VA <i>(Not your home)</i>					
ANY OTHER NON-PERSONAL PROPERTY THAT IS VALUED AT \$1,500 OR MORE					
ANY OTHER FINANCIAL ACCOUNTS THAT GENERATE INCOME REPORTED ON A 1099 FORM THAT YOU SUBMIT TO THE IRS (If you have other financial accounts, provide the name/description of this Source of Net Worth in Item 36B)					

36B. NAME/DESCRIPTION OF OTHER FINANCIAL ACCOUNT:

**PART IX: TOTAL GROSS INCOME**

**NOTE:** Report the total gross income before deductions for taxes, insurance, etc. If you do not receive any payments from one of the sources listed, write "0" or "NONE" in the space. If you leave a space blank, it will delay your claim. For all sources of income, you MUST submit the corresponding IRS form, such as a W-2, or a 1099 form.  
 If you are receiving monthly VA benefits, you MUST submit a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid. VA counts all income, unless the law states that a particular source of income does not need to be counted.

**37. MONTHLY INCOME** - Provide amounts (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "NONE")

SOURCES OF RECURRING MONTHLY INCOME	RECIPIENT			PAYOR LIST EACH PAYOR FROM WHICH YOU RECEIVE INCOME	HOW MANY TIMES IN A YEAR DO YOU RECEIVE THIS PAYMENT?	DATE OF PAYMENT (Month/Year)
	SURVIVING SPOUSE OR CUSTODIAN OF CHILD(REN)	CHILD NAME:	CHILD NAME:			
SOCIAL SECURITY	\$	\$	\$			
U.S. CIVIL SERVICE						
U.S. RAILROAD RETIREMENT						
BLACK LUNG BENEFITS						
GROSS WAGES OR SALARY						
INCOME FROM RETIREMENT						
ACCOUNTS (IRAs, SEP, Qualified Plans, Pensions, Annuities, etc., or any accounts for which you receive a 1009-R form)						
INCOME FROM TRUSTS OR ESTATES FOR WHICH YOU RECEIVED A SCHEDULE K-1 OF FORM 1040						
INCOME FROM BUSINESS ASSETS THAT YOU MAY HAVE REPORTED ON A SCHEDULE K-1 OF FORM 1120S, A SCHEDULE K-1 OF FORM 1065, OR SCHEDULE C						
INCOME FROM INTEREST OR DIVIDENDS FOR WHICH YOU RECEIVED 1099-INT OR 1099-DIV FORM						
WORKERS COMPENSATION OR UNEMPLOYMENT COMPENSATION						
OTHER SOURCE OF INCOME FOR WHICH YOU MAY RECEIVE A 1099 FORM						
OTHER SOURCE OF INCOME FOR WHICH YOU MAY RECEIVE A 1099 FORM						

38. WILL YOU RECEIVE ANY INCOME FROM RENTAL PROPERTY OR FROM THE OPERATION OF A BUSINESS WITHIN 12 MONTHS OF THE DAY YOU SIGN THIS FORM?

YES  NO (If "Yes," please complete and submit along with your completed application VA Form 21P-4185, Report of Income from Property or Business. This form is available at [www.va.gov/vaforms](http://www.va.gov/vaforms))

39. WILL YOU RECEIVE ANY INCOME FROM THE OPERATION OF A FARM WITHIN 12 MONTHS OF THE DAY YOU SIGN THIS FORM?

YES  NO (If "Yes," please complete and submit along with your completed application VA Form 21P-4165, Pension Claim Questionnaire for Farm Income. This form is available at [www.va.gov/vaforms](http://www.va.gov/vaforms))

**PART IX: TOTAL GROSS INCOME (Continued)**

40A. HAVE YOU CLAIMED OR ARE YOU RECEIVING BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION ON YOUR OWN BEHALF OR ON BEHALF OF A CHILD OR CHILDREN IN YOUR CUSTODY?

YES     NO (If "Yes," answer Item 40B)

40B. IS SOCIAL SECURITY BASED ON YOUR OWN EMPLOYMENT?

YES     NO

41. HAS A SURVIVING SPOUSE OR CHILD FILED A CLAIM FOR COMPENSATION FROM THE OFFICE OF WORKER'S COMPENSATION PROGRAMS BASED ON THE DEATH OF THE VETERAN?

YES     NO

42. HAS A COURT AWARDED DAMAGES BASED ON THE DEATH OF THE VETERAN OR IS A CLAIM OR LEGAL ACTION FOR DAMAGES PENDING?

YES     NO

43. HAVE YOU CLAIMED OR ARE YOU RECEIVING SURVIVOR BENEFIT PLAN (SBP) ANNUITY FROM A SERVICE DEPARTMENT BASED ON THE DEATH OF THE VETERAN?

YES     NO

**PART X: MEDICAL, LAST ILLNESS, BURIAL OR OTHER UNREIMBURSED EXPENSES**

44. Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of any continuing family medical expenses such as the monthly Medicare deduction or nursing home costs you pay. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the veteran's or his/her child's last illness and burial and the veteran's just debts. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. **Do not** include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim. If you need more space use Item 51, Remarks.

AMOUNT PAID BY YOU	DATE PAID (mm/dd/yyyy)	PURPOSE (Medicare deduction, nursing home costs, burial expenses, etc.)	PAID TO (Name of nursing home, hospital, funeral home, etc.)	RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID (Spouse, child, etc.)
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**PART XI : DIRECT DEPOSIT INFORMATION**

The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 45, 46, and 47 to enroll in direct deposit. If you **do not** have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at [www.usdirectexpress.com](http://www.usdirectexpress.com) or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

45. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA.)

CHECKING                       SAVINGS                       I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

Account No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

46. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)

47. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)



PART XII - CERTIFICATION AND SIGNATURE

**I CERTIFY AND AUTHORIZE** the release of information:

**I CERTIFY** that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me, and I waive any privilege which makes the information confidential.

48A. SIGNATURE (Provide your signature in the box, **DO NOT PRINT**) (If you sign with an "X," then you must have 2 people you know witness as you sign. They must then sign the form and print their names and addresses)

48B. TODAY'S DATE (MM,DD,YYYY)

49A. SIGNATURE OF WITNESS (If claimant signed above using an "X")

49B. PRINTED NAME AND ADDRESS OF WITNESS

50A. SIGNATURE OF WITNESS (If claimant signed above using an "X")

50B. PRINTED NAME AND ADDRESS OF WITNESS

PART XIII - REMARKS

51. REMARKS (Use this space for any additional information or statements that you would like to make concerning your application)

PART XIII - REMARKS (Continued)

51. REMARKS (Continued) (Use this space for any additional information or statements that you would like to make concerning your application)

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

<p><i>SOCIAL SECURITY ADMINISTRATION</i></p> <p><b>APPLICATION FOR SURVIVORS BENEFITS</b></p> <p><i>(PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT)</i></p> <p><b>IMPORTANT - Read instructions before completing form. Detach and retain ONLY the instruction sheet.</b></p>		<p>(DO NOT WRITE IN THIS SPACE)</p> <p>VA DATE STAMP</p>	
1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN <i>(Type or print)</i>		2. DATE OF DEATH	
NOTE: If the veteran's Social Security No. is unknown, complete Items 4, 5, 6 and 7 about veteran.			
3. SOCIAL SECURITY NO. OF VETERAN	4. DATE OF BIRTH	5. PLACE OF BIRTH	
6. NAME OF FATHER		7. MAIDEN NAME OF MOTHER	8. DID THE VETERAN WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER 1936? <input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: The following information should be furnished for each period of the veteran's active service (regular or reserves) after September 7, 1939, in the military service of the United States or service as a commissioned officer in the Public Health Service or the National Oceanic and Atmospheric Administration or during WWII, Philippine or Filipino or Allied country military service. If additional space is needed, attach a separate sheet.			
9A. DATE ENTERED ACTIVE SERVICE	9B. SERVICE NO.	9C. DATE SEPARATED FROM ACTIVE SERVICE	9D. GRADE, RANK, OR RATING, ORGANIZATION AND BRANCH OF SERVICE
10. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT		11. DATE OF BIRTH OF APPLICANT	12. VA FILE NO.
CHILDREN: Show names of surviving children (including natural children, adopted children and stepchildren) or dependent grandchildren (including step grandchildren) who at any time since the veteran died, were unmarried and (a) under age 18; (b) age 18 to 19 and attending secondary school; (c) disabled or handicapped (18 or over and disability began before age 22).			
13A.		13B.	
13C.		13D.	
I know that anyone who makes or causes to be made a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment, or both. I affirm that all information I have given in this document is true.			
14. DATE <i>(Month, day, year)</i>		15. SIGNATURE OF APPLICANT <i>(First name, middle initial, last name) (Sign in ink)</i>	
16. MAILING ADDRESS OF APPLICANT <i>(No. and street or rural route, city or P.O., State and ZIP Code)</i>			17. TELEPHONE NO. <i>(Include Area Code)</i>
WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE			
18A. SIGNATURE OF WITNESS		18B. ADDRESS OF WITNESS <i>(No. and street, city, State and ZIP Code)</i>	
19A. SIGNATURE OF WITNESS		19B. ADDRESS OF WITNESS <i>(No. and street, city, State and ZIP Code)</i>	
ITEMS BELOW TO BE COMPLETED BY THE DEPARTMENT OF VETERANS AFFAIRS Use reverse for "Remarks"			
20. PROOFS RECEIVED		21. PROOFS REQUESTED FROM CLAIMANT OR OTHER <i>(Specify)</i>	
<input type="checkbox"/> DEATH	<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> DEATH	<input type="checkbox"/> MARRIAGE
<input type="checkbox"/> AGE	_____ (NAME)	<input type="checkbox"/> AGE	_____ (NAME)
<input type="checkbox"/> OTHER <i>(Specify)</i>	_____ (NAME)	<input type="checkbox"/> OTHER <i>(Specify)</i>	_____ (NAME)
	_____ (NAME)		_____ (NAME)
22. DATE	23. NAME AND ADDRESS OF TRANSMITTING VA OFFICE		

**IMPORTANT: PLEASE READ THE FOLLOWING BEFORE YOU COMPLETE THE SSA-24.  
INSTRUCTIONS FOR COMPLETING FORM SSA-24, APPLICATION FOR SURVIVORS BENEFITS  
(Payable Under Title II of the Social Security Act)**

This application form, SSA-24, is an Application for Survivors Benefits Payable under Title II of the Social Security Act, as amended. Under authority of section 202(o) of the Social Security Act, the application requests information in order to determine eligibility to social security benefits.

You **do not** have to complete this application; there are no penalties under the law if you do not complete part or all of the SSA-24. However, it is usually to your advantage to provide the information because not providing it could prevent an accurate and timely decision on your claim or could result in the loss of some benefits or insurance coverage.

If you **do** wish to supply the information requested on the SSA-24, this information will be forwarded to the Social Security Administration and used by them to determine whether social security benefits may be payable to surviving dependent(s) of the veteran. Social Security will then contact you regarding any social security benefits payable based on information given on this form.

Please understand that Social Security may, in certain instances, disclose the information on this form to another Federal, State or local agency or individual without your written consent. This would be done in order to:

- enable a third party or an agency to assist Social Security in establishing an individual's right to benefits or coverage;
- comply with Federal laws which require or authorize the release of information from social security records; and
- facilitate statistical research and audit activities necessary to assure the integrity and improvement of the social security programs.

If you should have any question about entitlement to social security benefits or the information you have provided on this form, please contact your local social security office.

Complete each item of the attached application, Form SSA-24, (except Items 20 through 23). When signed and dated the form SHOULD BE LEFT ATTACHED to your completed

- VA Form 21P-534, Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable) or
- VA Form 21P-535, Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable).

**PAPERWORK REDUCTION ACT:** This information collection meets the clearance requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 15 minutes to read the instructions, gather the necessary facts, and answer the questions.