



APPLICATION FOR MONTHLY ASSISTANCE ALLOWANCE FOR VETERANS IN CONNECTION WITH THE UNITED STATES PARALYMPICS

PRIVACY ACT: The information requested on this form is solicited under the authority of Title 38, U.S.C., and Sections 1710, 1712, and 1722. It is being collected to enable us to determine your eligibility for benefits and will be used for that purpose. The information you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law. VA may make a routine use disclosure of the information as outlined in the Privacy Act system of records identified as 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary; however, the information is required in order for us to determine your eligibility for the benefit for which you have applied. Failure to furnish the information will have no adverse affect on any other benefits to which you may be entitled.

RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

SECTION A - IDENTIFYING DATA

1. NAME AND MAILING ADDRESS OF APPLICANT	2. VA FILE NUMBER <i>(If applicable)</i>
1A. HAVE YOU RECEIVED A VA-RATING FOR A SERVICE CONNECTED DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. VETERANS SOCIAL SECURITY NO. <i>(Last 4-digits only)</i>

SECTION B - UNITED STATES PARALYMPICS SPORT TRAINING

4. NAME OF SPORT
5. NAME OF GOVERNING ORGANIZATION
6. LOCATION OF TRAINING
7. NAME AND TITLE OF CERTIFYING PARALYMPICS OFFICIAL <i>(Applicants must be invited to participate in Paralympics training by the applicable governing Paralympics sport entity in the United States to receive a VA allowance)</i>

SECTION C - DECLARATION OF DEPENDENT STATUS

VETERAN'S MARRIAGES

8A. HOW MANY TIMES HAVE YOU BEEN MARRIED? <i>(Including current marriage)</i>				
8B. DATE AND PLACE OF MARRIAGE <i>(City/State or Country)</i>	8C. TO WHOM MARRIED <i>(First, middle, last name)</i>	8D. SPOUSE SSN <i>(Last 4-digits only)</i>	8E. HOW MARRIAGE TERMINATED <i>(Death, Divorce)</i>	8F. DATE AND PLACE TERMINATED <i>(City/State or Country)</i>
MOST RECENT MARRIAGE _____ <i>month day year</i> Place: _____				_____ <i>month day year</i> Place: _____
PREVIOUS MARRIAGE 1 _____ <i>month day year</i> Place: _____				_____ <i>month day year</i> Place: _____
PREVIOUS MARRIAGE 2 _____ <i>month day year</i> Place: _____				_____ <i>month day year</i> Place: _____
9. DO YOU LIVE WITH YOUR SPOUSE? <i>(If "yes", skip to Item 12, if "no", answer Items 10 and 11)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				

10. WHAT IS YOUR SPOUSE'S ADDRESS?	11. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSES SUPPORT? \$
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VETERAN'S UNMARRIED CHILDREN

Note: In Items 12A through 12I, check all boxes that apply.

12A. NAME OF CHILD <i>(first, middle initial, last)</i>	12B. DATE AND PLACE OF BIRTH <i>(city, state or country)</i>	12C. SOCIAL SECURITY NUMBER <i>(Last 4-digits only)</i>	12D. BIO - LOGICAL	12E. ADOPT - ED	12F. STEP - CHILD	12G. 18-23 YRS. OLD AND IN SCHOOL	12H. SERIOUSLY DISABLED	12I. CHILD PREVIOUSLY MARRIED
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any of the children listed above don't live with you, complete Items 13A through 13C.

13A. NAME OF CHILD <i>(First, middle initial, last)</i>	13B. CHILD'S COMPLETE ADDRESS	13C. NAME OF PERSON THE CHILD LIVES WITH <i>(If applicable)</i>

14. I hereby certify that the information given above is true and correct to the best of my knowledge and belief.

15A. SIGNATURE OF CLAIMANT	15B. DATE SIGNED

16. DAYTIME TELEPHONE NUMBER	17. EVENING TELEPHONE NUMBER