

**NOTICE TO VETERAN/CLAIMANT OF VA FORMS THAT MAY ACCOMPANY
AN ALTERNATE SIGNER CERTIFICATION FORM**

IMPORTANT: The form(s) shown in the table below will be accepted along with the attached VA Form 21-0972, *Alternate Signer Certification*. VA forms are available at www.va.gov/vaforms.

For:	Required Form(s):
COMPENSATION	VA Form 21-526EZ, <i>Application for Disability Compensation and Related Compensation Benefits</i>
	VA Form 21-526b, <i>Veteran's Supplemental Claim for Compensation</i>
	VA Form 21-526c, <i>Pre-Discharge Compensation Claim</i>
PENSION	VA Form 21-527EZ, <i>Application for Pension</i>
	VA Form 21-527, <i>Income, Net Worth, and Employment Statement</i>
	VA Form 21P-0969, <i>Income and Asset Statement in Support of Claim for Pension or Parents' Dependency and Indemnity Compensation (DIC)</i>
	VA Form 21P-4165, <i>Pension Claim Questionnaire for Farm Income</i>
	VA Form 21-8049, <i>Request for Details of Expenses</i>
	VA Form 21P-8416, <i>Medical Expense Report</i>
	VA Form 21-4185, <i>Report of Income from Property or Business</i>
	ALL forms known as <i>Eligibility Verification Reports (EVR's)</i>
COMPENSATION AND/OR PENSION	VA Form 21-526, <i>Veterans Application for Compensation and/or Pension</i>
	VA Form 21-0966, <i>Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC</i>
DEPENDENTS	VA Form 21-686c, <i>Add Dependent's to Award</i> , and VA Form 21-686r, <i>Request to remove Dependent</i>
SCHOOL AGE CHILD(REN) (Aged 18-23 Years and In School)	VA Form 21-674, <i>Request for Approval of School Attendance</i>
DEPENDENT PARENT(S)	VA Form 21P-509, <i>Statement of Dependency of Parent(s)</i>
INDIVIDUAL UNEMPLOYABILITY	VA Form 21-8940, <i>Veteran's Application for Increased Compensation Based on Unemployability</i>
POST-TRAUMATIC STRESS DISORDER	VA Form 21-0781, <i>Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD)</i> and VA Form 21-0781a, <i>Statement in Support of Claim for Service Connection for PTSD Secondary to Personal Assault</i>
SPECIALLY ADAPTED HOUSING OR SPECIAL HOME ADAPTATION	VA Form 26-4555, <i>Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant</i>
AUTO ALLOWANCE	VA Form 21-4502, <i>Application for Automobile or Other Conveyance and Adaptive Equipment</i>
SURVIVORS BENEFITS	VA Form 21-534EZ, <i>Application for DIC, Death Pension, and/or Accrued Benefits</i>
	VA Form 21-534, <i>Application for Dependency and Indemnity Compensation, Death Pension, and Accrued Benefits by Surviving Spouse or Child</i>
	VA Form 21-534a, <i>Application for Dependency and Indemnity Compensation by a Surviving Spouse or Child - In-Service Death Only</i>
	VA Form 21-535, <i>Application for Dependency and Indemnity Compensation by Parent(s)</i>
	VA Form 21-8924, <i>Application of Surviving Spouse or Child for REPS Benefits (Restored Entitlement Program for Survivors)</i>
ACCRUED BENEFITS	VA Form 21-601, <i>Application for Accrued Amounts Due a Deceased Beneficiary</i>
PHILIPPINE CLAIMS	VA Form 21-0704, <i>Supplemental Income Questionnaire</i>
	VA Form 21-4169, <i>Supplement to VA Forms 21-526, 21-534, and 21-535</i>
BENEFITS FOR CERTAIN CHILDREN WITH DISABILITIES	VA Form 21-0304, <i>Application for Benefits for Certain Children with Disabilities Born of Vietnam and Certain Korea Service Veterans</i>

NOTE: For more information on VA benefits, visit our web site at www.va.gov, contact us at <http://iris.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711.



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

ALTERNATE SIGNER CERTIFICATION

INSTRUCTIONS: This form is to be completed by the individual signing the benefit application form on behalf of the veteran/claimant. **Note:** For purposes of this form, the individual signing the form on behalf of the veteran/claimant is referred to as the "alternate signer." Your accurate and complete answers to the questions on this form are important to help VA complete the veteran/claimant's claim.

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

NOTE: You can either complete the form online or by hand. Please print your information using blue or black ink, neatly, and legibly to help process the form.

IMPORTANT: Submit this form along with the appropriate benefit application form. The application form depends on the benefit you are claiming on behalf of the veteran/claimant. Also, submit any supporting documents or evidence to help VA complete the claim. See page 1 for a list of appropriate benefit application forms.

1. VETERAN'S NAME (First, middle initial, last)

Grid for entering the veteran's name.

2. VETERAN'S SOCIAL SECURITY NUMBER

Grid for entering the veteran's social security number.

3. VA FILE NUMBER (If applicable)

Grid for entering the VA file number.

4. VETERAN'S DATE OF BIRTH

Grid for entering the veteran's date of birth, with labels for Month, Day, and Year.

5. HAS THE VETERAN EVER FILED A CLAIM WITH VA?

YES/NO checkboxes.

6. VETERAN'S SERVICE NUMBER (If applicable)

Grid for entering the veteran's service number.

SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION (Complete This Section If The Claimant is Other Than The Veteran)

7. CLAIMANT'S NAME (First, middle initial, last)

Grid for entering the claimant's name.

8. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

Grid for entering the claimant's current mailing address.

Apt./Unit Number

Grid for entering apartment/unit number.

City

Grid for entering the city.

State/Province

Grid for entering state/province.

Country

Grid for entering country.

ZIP Code/Postal Code

Grid for entering ZIP code/postal code.

9. CLAIMANT'S SOCIAL SECURITY NUMBER

Grid for entering the claimant's social security number.

10. CLAIMANT'S RELATIONSHIP TO VETERAN

SPOUSE, PARENT, CHILD checkboxes.

11. CLAIMANT'S PREFERRED TELEPHONE NUMBER (Include Area Code)

Grid for entering the claimant's preferred telephone number.

12. CLAIMANT'S PREFERRED E-MAIL ADDRESS (If applicable)

SECTION III: ALTERNATE SIGNER'S IDENTIFICATION INFORMATION

13. ALTERNATE SIGNER'S NAME (First, middle initial, last)

Grid for entering the alternate signer's name.

14. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

Grid for entering the alternate signer's current mailing address.

Apt./Unit Number

Grid for entering apartment/unit number.

City

Grid for entering the city.

State/Province

Grid for entering state/province.

Country

Grid for entering country.

ZIP Code/Postal Code

Grid for entering ZIP code/postal code.

15. ALTERNATE SIGNER'S PREFERRED TELEPHONE NUMBER (Include Area Code)

Grid for entering the alternate signer's preferred telephone number.

16. ALTERNATE SIGNER'S PREFERRED E-MAIL ADDRESS (If applicable)

17. ALTERNATE SIGNER'S RELATIONSHIP TO VETERAN/CLAIMANT (Note: You must check at least one box)

Checkboxes for alternate signer relationships: A COURT-APPOINTED REPRESENTATIVE, AN ATTORNEY IN FACT OR AGENT AUTHORIZED TO ACT ON BEHALF OF THE VETERAN/CLAIMANT UNDER DURABLE POWER OF ATTORNEY, A PERSON WHO IS RESPONSIBLE FOR THE CARE OF THE VETERAN/CLAIMANT, TO INCLUDE BUT NOT LIMITED TO A SPOUSE OR OTHER RELATIVE, A MANAGER OR PRINCIPAL OFFICER ACTING ON BEHALF OF AN INSTITUTION WHICH IS RESPONSIBLE FOR THE CARE OF THE VETERAN/CLAIMANT.

VETERAN'S SSN

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SECTION IV: VETERAN/CLAIMANT INFORMATION

18. VETERAN/CLAIMANT IS: (Check ALL that apply)

- UNDER 18 YEARS OF AGE
- MENTALLY INCOMPETENT TO PROVIDE SUBSTANTIALLY ACCURATE INFORMATION NEEDED TO COMPLETE THE CLAIMS FORM, OR TO CERTIFY THAT STATEMENTS MADE ON THE FORM ARE TRUE AND COMPLETE, OR
- PHYSICALLY UNABLE TO SIGN THE CLAIMS FORM

SECTION V: ALTERNATE SIGNER'S DECLARATION OF INTENT

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the veteran/claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing my authority to act for the veteran/claimant with a judge's signature and date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the veteran/claimant and my authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the veteran/claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

19A. AUTHORIZED SIGNER'S SIGNATURE (Required)

19B. DATE SIGNED (MM,DD,YYYY)

20. REMARKS (If any)

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 benefits, verification of identity and status, and personnel administration) as 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 voluntary. 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 the appropriate application and provide it to the veteran/claimant.

RESPONDENT BURDEN: We need this information to determine entitlement to act as the alternate signer for a veteran/claimant in submitting a claim for VA benefits (38 U.S.C. 5101). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.