

Control No. 2900–0808” in any correspondence.

**FOR FURTHER INFORMATION CONTACT:**

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461–5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to “OMB Control No. 2900–0808” in any correspondence.

**SUPPLEMENTARY INFORMATION:**

*Title:* (Back (Thoracolumbar Spine) Conditions Disability Benefits Questionnaire (VA Form 21–0960M–14).

*OMB Control Number:* 2900–0808.

*Type of Review:* Extension of a currently approved collection.

*Abstract:* VA Forms 21–0960M–14 is used to gather necessary information from a claimant’s treating physician regarding the results of medical examinations.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at Vol. 81, No. 250, Thursday, December 29, 2016, page 96202.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 37,500.

*Estimated Average Burden per Respondent:* 45 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 50,000.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs.*

[FR Doc. 2017–04423 Filed 3–6–17; 8:45 am]

**BILLING CODE 8320–01–P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900–0810]

**Agency Information Collection Activity Under OMB Review: (Foot Conditions Including Flatfoot (Pes Planus) Disability Benefits Questionnaire (VA Form 21–0960M–6))**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of

1995, this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before April 6, 2017.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oira\\_submission@omb.eop.gov](mailto:oira_submission@omb.eop.gov). Please refer to “OMB Control No. 2900–0810” in any correspondence.

**FOR FURTHER INFORMATION CONTACT:**

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461–5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to “OMB Control No. 2900–0810” in any correspondence.

**SUPPLEMENTARY INFORMATION:**

*Title:* (Foot Conditions Including Flatfoot (Pes Planus) Disability Benefits Questionnaire (VA Form 21–0960M–6).

*OMB Control Number:* 2900–0810.

*Type of Review:* Extension of a currently approved collection.

*Abstract:* VA Forms 21–0960M–6 is used to gather necessary information from a claimant’s treating physician regarding the results of medical examinations.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at Vol. 81, No. 250, Thursday, December 29, 2016, pages 96201 and 96202.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 40,000.

*Estimated Average Burden per Respondent:* 30 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 80,000.

By direction of the Secretary:

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs.*

[FR Doc. 2017–04424 Filed 3–6–17; 8:45 am]

**BILLING CODE 8320–01–P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900–0655]

**Agency Information Collection Activity Under OMB Review (Residency Verification Report—Veterans and Survivors (FL 21–914))**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–21), this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before April 6, 2017.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oira\\_submission@omb.eop.gov](mailto:oira_submission@omb.eop.gov). Please refer to “OMB Control No. 2900–0655” in any correspondence.

**FOR FURTHER INFORMATION CONTACT:**

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461–5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to “OMB Control No. 2900–0655” in any correspondence.

**SUPPLEMENTARY INFORMATION:**

*Title:* Residency Verification Report—Veterans and Survivors (FL 21–914).

*OMB Control Number:* 2900–0655.

*Type of Review:* Extension of a currently approved collection.

*Abstract:* VA Form Letter 21–914 gathers the information necessary to

verify that a Filipino veteran or beneficiary who is receiving benefits at the full-dollar rate based on U.S. residency continues to meet the residency requirements. The proper rate of payment could not be determined without this information.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at 81 FR 240, on Dec 14, 2016, pages 90411 and 90412.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 417.

*Estimated Average Burden per Respondent:* 20 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 1,250.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs.*

[FR Doc. 2017-04345 Filed 3-6-17; 8:45 am]

**BILLING CODE 8320-01-P**

## DEPARTMENT OF VETERANS AFFAIRS

### Cost of Living Adjustments Effective December 1, 2016

**AGENCY:** Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** As required by law, the Department of Veterans Affairs (VA) is hereby giving notice of cost-of-living adjustments (COLAs) in certain benefit rates and income limitations. These COLAs affect the pension, and parents' dependency and indemnity compensation (DIC) programs. The rate of the adjustment is tied to the increase in Social Security benefits effective December 1, 2016, as announced by the Social Security Administration (SSA). SSA has announced an increase of 0.3%.

**DATES:** The COLAs are effective December 1, 2016.

**FOR FURTHER INFORMATION CONTACT:** Daniel McCargar, Pension Analyst, Pension and Fiduciary Service, Veterans Benefits Administration, Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (612-713-8911).

**SUPPLEMENTARY INFORMATION:** Under the provisions of 38 U.S.C. 5312 and section

306 of Public Law 95-588, VA is required to increase the benefit rates and income limitations in the pension and parents' DIC programs by the same percentage, and effective the same date, as increases in the benefit amounts payable under title II of the Social Security Act. The increased rates and income limitations are also required to be published in the **Federal Register**.

The Social Security Administration has announced that there will be a 0.3% COLA increase in Social Security benefits effective December 1, 2016. Therefore, applying the same percentage and rounding in accordance with 38 CFR 3.29, the following increased rates and income limitations for the VA pension and parents' DIC programs will be effective December 1, 2016:

#### Pension

##### Maximum Annual Rates

(1) Veterans permanently and totally disabled (38 U.S.C. 1521):

Veteran with no dependents, \$12,907

Veteran with one dependent, \$16,902

For each additional dependent, \$2,205

(2) Veterans in need of aid and attendance (38 U.S.C. 1521):

Veteran with no dependents, \$21,531

Veteran with one dependent, \$25,525

For each additional dependent, \$2,205

(3) Veterans who are housebound (38 U.S.C. 1521):

Veteran with no dependents, \$15,773

Veteran with one dependent, \$19,770

For each additional dependent, \$2,205

(4) Two veterans married to one another, combined rates (38 U.S.C. 1521):

Neither veteran in need of aid and attendance or housebound, \$16,902

Either veteran in need of aid and attendance, \$25,525

Both veterans in need of aid and attendance, \$34,153

Either veteran housebound, \$19,770

Both veterans housebound, \$22,634

One veteran housebound and one veteran in need of aid and attendance, \$28,385

For each dependent child, \$2,205

Mexican border period and World War I veterans: The applicable maximum annual rate payable to a Mexican border period or World War I veteran under this table shall be increased by \$2,932. (38 U.S.C. 1521(g))

(5) Surviving spouse alone and with a child or children of the deceased veteran in custody of the surviving spouse (38 U.S.C. 1541):

Surviving spouse alone, \$8,656

Surviving spouse and one child in his or her custody, \$11,330

For each additional child in his or her custody, \$2,205

(6) Surviving spouses in need of aid and attendance (38 U.S.C. 1541):

Surviving spouse alone, \$13,836

Surviving spouse with one child in custody, \$16,506

Surviving Spouse of Spanish-American War veteran alone, \$14,397

Surviving Spouse of Spanish-American War veteran with one child in custody, \$17,006

For each additional child in his or her custody, \$2,205

(7) Surviving spouses who are housebound (38 U.S.C. 1541):

Surviving spouse alone, \$10,580

Surviving spouse and one child in his or her custody, \$13,249

For each additional child in his or her custody, \$2,205

(8) Surviving child alone (38 U.S.C. 1542), \$2,205

Reduction for income: The rate payable is the applicable maximum rate minus the countable annual income of the eligible person. (38 U.S.C. 1521, 1541 and 1542).

*Parents' DIC*

DIC shall be paid monthly to parents of a deceased veteran in the following amounts (38 U.S.C. 1315):

*One parent (38 U.S.C. 1315(b)):* If there is only one parent, the monthly rate of DIC paid to such parent shall be \$622 reduced on the basis of the parent's annual income according to the following formula:

For each \$1 of annual income which is more than \$0.00 but not more than \$800, the \$622 monthly rate shall not be reduced.

For each \$1 of annual income which is more than \$800 but not more than \$8,512, the monthly rate shall be reduced by \$0.08.

For each \$1 of annual income which is more than \$8,512 but not more than \$8,513, the monthly rate shall be reduced by \$0.04.

For each \$1 of annual income which is more than \$8,513, the monthly rate will not be reduced.

No Parents' DIC is payable under this table if annual income exceeds \$14,680.

*One parent who has remarried:* If there is only one parent and the parent has remarried and is living with the parent's spouse, DIC shall be paid under 38 U.S.C. 1315(b) or under 38 U.S.C. 1315(d), whichever shall result in the greater benefit being paid to the veteran's parent. In the case of remarriage, the total combined annual income of the parent and the parent's spouse shall be counted in determining the monthly rate of DIC.

*One of two parents not living with spouse (38 U.S.C. 1315(c)):* The rates in Table 3 apply to (1) two parents who are