

not living together, or (2) an unmarried parent when both parents are living and the other parent has remarried. The monthly rate of DIC paid to each such parent shall be \$450 reduced on the basis of each parent's annual income, according to the following formula:

For each \$1 of annual income which is more than \$0 but not more than \$800, the \$450 monthly rate shall not be reduced.

For each \$1 of annual income which is more than \$800 but not more than \$900, the monthly rate shall be reduced by \$0.06.

For each \$1 of annual income which is more than \$900 but not more than \$1,100, the monthly rate shall be reduced by \$0.07.

For each \$1 of annual income which is more than \$1,100 but not more than \$6,412, the monthly rate shall be reduced by \$0.08.

For each \$1 of annual income more than \$6,412 but not more than \$6,413, the monthly rate shall be reduced by \$0.04.

For each \$1 of annual income which is more than \$6,413, the monthly rate shall not be reduced.

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

One of two parents living with spouse or other parent (38 U.S.C. 1315(d)): The rates below apply to each parent living with another parent; and each remarried parent, when both parents are alive. The monthly rate of DIC paid to such parents will be \$423 reduced on the basis of the combined annual income of the two parents living together or the remarried parent or parents and spouse or spouses, as computed under the following formula:

For each \$1 of annual income which is more than \$0 but not more than \$1,000, the \$423 monthly rate shall not be reduced.

For each \$1 of annual income which is more than \$1,000 but not more than \$1,500, the monthly rate shall be reduced by \$0.03.

For each \$1 of annual income which is more than \$1,500 but not more than \$1,900, the monthly rate shall be reduced by \$0.04.

For each \$1 of annual income which is more than \$1,900 but not more than \$2,400, the monthly rate shall be reduced by \$0.05.

For each \$1 of annual income which is more than \$2,400 but not more than \$2,900, the monthly rate shall be reduced by \$0.06.

For each \$1 of annual income which is more than \$2,900 but not more than \$3,200, the monthly rate shall be reduced by \$0.07.

For each \$1 of annual income which is more than \$3,200 but not more than \$7,087, the monthly rate shall be reduced by \$0.08.

For each \$1 of annual income which is more than \$7,087 but not more than \$7,088, the monthly rate shall be reduced by \$0.04.

For each \$1 of annual income which is more than \$7,088, the monthly rate shall not be reduced.

No Parents' DIC is payable if the annual income exceeds \$19,733.

These rates are also applicable in the case of one surviving parent who has remarried, computed on the basis of the combined income of the parent and spouse, if this would be a greater benefit than that specified in Table 2 for one parent.

Aid and attendance: The monthly rate of DIC payable to a parent under Tables 2 through 4 shall be increased by \$337 if such parent is (1) a patient in a nursing home, or (2) helpless or blind, or so nearly helpless or blind as to need or require the regular aid and attendance of another person.

Minimum rate: The monthly rate of DIC payable to any parent under Tables 2 through 4 shall not be less than \$5.

Section 306 Pension Income Limitations

Veteran or surviving spouse with no dependents, \$14,680 (Pub. L. 95-588, section 306(a))

Veteran in need of aid and attendance with no dependents, \$15,208 (38 U.S.C. 1521(d) as in effect on December 31, 1978)

Veteran or surviving spouse with one or more dependents, \$19,733 (Pub. L. 95-588, section 306(a))

Veteran in need of aid and attendance with one or more dependents, \$20,260 (38 U.S.C. 1521(d) as in effect on December 31, 1978)

Child (no entitled veteran or surviving spouse), \$12,003 (Pub. L. 95-588, section 306(a))

Spouse income exclusion (38 CFR 3.262), \$4,688 (Pub. L. 95-588, section 306(a)(2)(B))

Old-Law Pension Income Limitations

Veteran or surviving spouse without dependents or an entitled child, \$12,854 (Pub. L. 95-588, section 306(b))

Veteran or surviving spouse with one or more dependents, \$18,528 (Pub. L. 95-588, section 306(b))

The Secretary of Veterans Affairs, or designee, approved this document and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs. Gina S. Farrisee, Deputy Chief of Staff,

Department of Veterans Affairs, approved this document on February 16, 2017, for publication.

Dated: February 16, 2017.

Jeffrey Martin,

Office Program Manager, Office of Regulation Policy & Management, Office of the Secretary, Department of Veterans Affairs.

[FR Doc. 2017-04356 Filed 3-6-17; 8:45 a.m.]

BILLING CODE 8320-01-P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0114]

Agency Information Collection Activity: Statement of Marital Relationship (VA Form 21-4170)

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: The Veterans Benefits Administration (VBA), Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed revision of a currently approved collection, and allow 60 days for public comment in response to the notice.

VA Form 21-4170 is used to gather information that is necessary to determine whether a valid common law marriage was established. The form is used by persons claiming to be common law widows/widowers of deceased veterans and by veterans and their claimed common law spouses. Benefits cannot be authorized unless a valid marriage is established.

DATES: Written comments and recommendations on the proposed collection of information should be received on or before May 8, 2017.

ADDRESSES: Submit written comments on the collection of information through Federal Docket Management System (FDMS) at www.Regulations.gov or to Nancy J. Kessinger, Veterans Benefits Administration (20M33), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420 or email to nancy.kessinger@va.gov. Please refer to "OMB Control No. 2900-0114" in any correspondence. During the comment period, comments may be viewed online through the FDMS.

FOR FURTHER INFORMATION CONTACT:

Nancy J. Kessinger at (202) 632-8924 or FAX (202) 632-8925.

SUPPLEMENTARY INFORMATION: Under the PRA of 1995 (Pub. L. 104-13; 44 U.S.C. 3501-21), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VBA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of VBA's functions, including whether the information will have practical utility; (2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Title: Statement of Marital Relationship (VA Form 21-4170).

OMB Control Number: 2900-0114.

Type of Review: Revision of an approved collection.

Abstract: VA Form 21-4170 is used to gather information that is necessary to determine whether a valid common law marriage was established. The form is used by persons claiming to be common law widows/widowers of deceased veterans and by veterans and their claimed common law spouses. Benefits cannot be authorized unless a valid marriage is established.

Affected Public: Individuals or households.

Estimated Annual Burden: 2,708 hours.

Estimated Average Burden per Respondent: 25 minutes.

Frequency of Response: One time.

Estimated Number of Respondents: 6,500.

By direction of the Secretary.

Cynthia Harvey-Pryor

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

[FR Doc. 2017-04349 Filed 3-6-17; 8:45 am]

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DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0811]

Agency Information Collection Activity Under OMB Review: (Hip and Thigh Conditions Disability Benefits Questionnaire (VA Form 21-0960M-8))

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, or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th Street NW., Washington, DC 20503 or sent through electronic mail to oir_submission@omb.eop.gov. Please refer to "OMB Control No. 2900-0811" 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. Please refer to "OMB Control No. 2900-0811" in any correspondence.

SUPPLEMENTARY INFORMATION:

Title: Hip and Thigh Conditions Disability Benefits Questionnaire (VA Form 21-0960M-8).

OMB Control Number: 2900-0811.

Type of Review: Extension of a currently approved collection.

Abstract: VA Forms 21-0960M-8 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. 249, Wednesday, December 28, 2016, page 95735.

Affected Public: Individuals or Households.

Estimated Annual Burden: 25,000.

Estimated Average Burden per Respondent: 30 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. 2017-04425 Filed 3-6-17; 8:45 am]

BILLING CODE 8320-01-P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900-0215]

Agency Information Collection Activity Under OMB Review: Request for Information To Make Direct Payment to Child Reaching Majority

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs (VA).

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, 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 oir_submission@omb.eop.gov. Please refer to "OMB Control No. 2900-0215" 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. Please refer to "OMB