

FIRST, MIDDLE, LAST NAME OF VETERAN	Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH CHILDREN) 7														
YOUR COMPLETE MAILING ADDRESS	VA FILE NUMBER	VA REGIONAL OFFICE RETURN ADDRESS													
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21P-0510) prior to completing this form.															
1A. YOUR SOCIAL SECURITY NUMBER	1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER														
1C. FIRST, MIDDLE, LAST NAME OF SPOUSE	1D. SPOUSE'S DATE OF BIRTH (<i>Mo., day, yr.</i>)														
2. MARITAL STATUS (<i>Check only one box</i>) (1) <input type="checkbox"/> MARRIED-LIVING WITH SPOUSE (<i>You are legally married and you live with your spouse or are separated for medical reasons.</i>) (2) <input type="checkbox"/> MARRIED-NOT LIVING WITH SPOUSE (<i>You are legally married but separated from your spouse.</i>) Show the amount you contributed to your spouse's support during the past 12 months \$ _____. If you separated within the last 12 months, show the date of separation _____. (3) <input type="checkbox"/> NOT MARRIED (<i>You have never married or are now divorced or widowed.</i>) If your marriage ended within the last 12 months, show the date of divorce or death _____.															
3A. UNMARRIED DEPENDENT CHILDREN (<i>Read Paragraph 1 of the EVR Instructions, VA Form 21P-0510</i>)															
FULL NAME OF EACH CHILD <i>(First, middle initial, last)</i>	DATE OF BIRTH <i>(Mo., day, yr.)</i>	SOCIAL SECURITY NUMBER	PLEASE CHECK ONE (X)												
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">UNDER 18 YEARS OF AGE</td> <td style="padding: 2px;">OVER 18 AND UNDER 23, AND ATTENDING SCHOOL</td> <td style="padding: 2px;">ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	UNDER 18 YEARS OF AGE	OVER 18 AND UNDER 23, AND ATTENDING SCHOOL	ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS	<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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
3B. UNMARRIED DEPENDENT CHILDREN LISTED IN ITEM 3A WHO DO NOT LIVE WITH YOU															
NAME OF EACH CHILD	CHILD'S COMPLETE ADDRESS	NAME OF PERSON CHILD LIVES WITH <i>(If Applicable)</i>	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT												
			\$												
			\$												
			\$												
4A. ARE YOU A PATIENT IN A NURSING HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "Yes," Complete Items 4B thru 4D. If "No," go to Item 5.</i>)		4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (<i>Please include Zip Code</i>)													
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME															
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO															
5. DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO															
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "Yes," write in the VA file number of the other benefit.</i>) _____															

7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)

GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" or "0.")

SOURCE	VETERAN	SPOUSE	CHILD:
SOCIAL SECURITY	\$	\$	\$
U. S. CIVIL SERVICE			
U. S. RAILROAD RETIREMENT			
BLACK LUNG BENEFITS			
MILITARY RETIREMENT			
OTHER (Show Source)			
OTHER (Show Source)			
OTHER (Show Source)			

7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)

NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.

If no income was received from a particular source, write "0" or "none". VA WILL INTERPRET A BLANK SPACE AS "NONE" or "0."

SOURCE	VETERAN		SPOUSE		CHILD:	
	FROM: THRU:	FROM: THRU:	FROM: THRU:	FROM: THRU:	FROM: THRU:	FROM: THRU:
GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	\$	\$	\$
TOTAL INTEREST AND DIVIDENDS						
ALL OTHER (Show Source)						
ALL OTHER (Show Source)						

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income)

YES NO (If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.)

7D. WHAT INCOME CHANGED? (Show what income changed, for example, wages, city pension, etc.)	7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)

7G. NET WORTH (Read Paragraph 5 of the EVR Instructions)

SOURCE	VETERAN	SPOUSE	CHILD:
CASH/NON- INTEREST-BEARING BANK ACCOUNTS	\$	\$	\$
INTEREST-BEARING BANK ACCOUNTS			
IRA'S, KEOGH PLANS, ETC.			
STOCKS, BONDS, MUTUAL FUNDS, ETC.			
REAL PROPERTY (Not your home)			
ALL OTHER PROPERTY			

8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)

If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21P-8416, Medical Expense Report. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.

9. VETERAN'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions) Show amounts paid by you during the past 12 months. DO NOT REPORT DEPENDENTS' EXPENSES. \$

10. FAMILY MAINTENANCE (Hardship) EXPENSES FOR THE NEXT 12 MONTHS (Read Paragraph 8 of the EVR Instructions). Complete ONLY IF VA is currently excluding children's income on the grounds of hardship. Show total family expenses expected for the next 12 months. \$

11A. SIGNATURE OF VETERAN (Read paragraph 9 of the EVR Instructions before signing) **11B. DATE SIGNED**

11C. TELEPHONE NUMBERS (Include Area Code)

DAYTIME	EVENING
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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 is false, or fraudulent acceptance of any payment to which you are not entitled.