


FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	 Department of Veterans Affairs
FIRST NAME - MIDDLE NAME - LAST NAME OF SURVIVING SPOUSE	IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE WITH NO CHILDREN) 8
COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE	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. VETERAN'S SOCIAL SECURITY NUMBER
1C. YOUR DATE OF BIRTH (Mo., day, yr.)	
2. YOUR MARITAL STATUS (Check only one box)	
(1) <input type="checkbox"/> I HAVE NOT REMARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death.)	
(2) <input type="checkbox"/> I REMARRIED ON _____ (Date) AND I AM STILL MARRIED (You married after the veteran's death and you are currently married. Enter the date you married your current spouse.)	
(3) <input type="checkbox"/> I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (You remarried but you are not currently married. Show the date your latest marriage ended.)	
3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions)	
IN YOUR CUSTODY _____ NOT IN YOUR CUSTODY _____	
AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ _____	
4A. ARE YOU A PATIENT IN A NURSING HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", Complete Items 4B thru 4D. If "No", go to Item 5.)	4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include Zip Code)
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 YOU RECEIVE ANY WAGES OR WERE 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 (If "Yes", write in the VA file number of the other benefit.) _____	

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

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

SOURCE	SURVIVING SPOUSE
SOCIAL SECURITY	\$
U.S. CIVIL SERVICE	
U.S. RAILROAD RETIREMENT	
MILITARY RETIREMENT	
OTHER (Show Source)	
OTHER (Show Source)	

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

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

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.

SOURCE	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 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	SURVIVING SPOUSE
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. FAMILY MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)

Normally, medical expenses are reported at the end of the year. 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, to report your medical expenses. 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. SURVIVING SPOUSE'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 CHILDREN'S EXPENSES.

\$

10A. SIGNATURE OF PAYEE (Read paragraph 9 of the EVR Instructions before signing)

10B. DATE SIGNED

10C. TELEPHONE NUMBERS (Include Area Code)

DAYTIME	EVENING

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.