



(DO NOT WRITE IN THIS SPACE)
 (VA DATE STAMP)

INFORMATION REGARDING APPORTIONMENT OF BENEFICIARY'S AWARD

INSTRUCTIONS: All or part of a veteran's disability award may be apportioned (paid) to the veteran's spouse, child, or dependent parent. A surviving spouse's award may also be apportioned for the veteran's child or children. Print all answers clearly. If an answer is "none" or "0," write that or line through the space provided. For additional space, attach a separate sheet, indicating the item number to which the answers apply. Make sure to write the veteran's name and VA claim number on any attachments to the form.

IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

1. FIRST, MIDDLE, LAST NAME OF VETERAN		2. VA FILE NUMBER C/CSS-	
3A. FIRST, MIDDLE, LAST NAME OF PERSON COMPLETING THIS FORM (If other than veteran)		3B. MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)	
3C. TELEPHONE NUMBER (Include Area Code)		3D. E-MAIL ADDRESS (If applicable)	
Daytime	Evening		
4A. WHO ARE YOU REQUESTING AN APPORTIONMENT FOR? (List first, middle, and last names)		4B. WHAT IS HIS/HER RELATIONSHIP TO THE VETERAN?	
5A. HOW MUCH IS THE VETERAN OR VETERAN'S SURVIVING SPOUSE CONTRIBUTING TO THE PERSON(S) FOR WHOM AN APPORTIONMENT IS BEING CLAIMED? \$		5B. HOW OFTEN ARE THE CONTRIBUTIONS MADE?	
6. IF THE SPOUSE IS CLAIMING AN APPORTIONMENT, IS HE/SHE LIVING WITH ANOTHER PERSON AND HOLDING HIMSELF/HERSELF OUT OPENLY TO THE PUBLIC AS THE SPOUSE OF THE OTHER PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide an explanation)		7. HAS THE VETERAN'S CHILD(REN) BEEN LEGALLY ADOPTED BY ANOTHER PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PART I - INCOME AND NET WORTH

Report all income and net worth. Report the gross amounts before you take out deductions for taxes, insurance, etc. If you do not receive income or net worth from a particular source, write "0" or "none" in the space provided. **Do not leave the space blank.** *Note:* If you are the veteran or surviving spouse, report only your income and net worth. If you are the claimant or are filing on behalf of the claimant(s), report all income and net worth for all persons for whom an apportionment is being claimed. If you are claiming an apportionment as the custodian of the veteran's child or children, report your income and net worth and the income and net worth of the child(ren).

MONTHLY INCOME

SOURCE	VETERAN OR SURVIVING SPOUSE	CUSTODIAN	PERSON APPORTIONMENT IS CLAIMED FOR	PERSON APPORTIONMENT IS CLAIMED FOR
1A. GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	\$
1B. SOCIAL SECURITY				
1C. RETIREMENT OR ANNUITIES				
1D. SUPPLEMENTAL SECURITY INCOME (SSI) / PUBLIC ASSISTANCE				
1E. OTHER INCOME (Show source)				
1F. OTHER INCOME (Show source)				

NET WORTH

SOURCE	VETERAN OR SURVIVING SPOUSE	CUSTODIAN	PERSON APPORTIONMENT IS CLAIMED FOR	PERSON APPORTIONMENT IS CLAIMED FOR
2A. CASH/NON-INTEREST-BEARING BANK ACCOUNTS	\$	\$	\$	\$
2B. INTEREST-BEARING BANK ACCOUNTS				
2C. IRAS, KEOGH PLANS, ETC.				
2D. STOCKS, BONDS, MUTUAL FUNDS, ETC.				
2E. REAL PROPERTY (Not your home)				
2F. ALL OTHER PROPERTY AND ASSETS				

PART II - MONTHLY LIVING EXPENSES

Show your monthly living expenses, including any monthly installment payments. If you do not have expenses from a particular source, write "0" or "none" in the space provided. Do not leave the space blank.

Note: If you are the veteran or surviving spouse, report only your expenses. If you are the claimant or are filing on behalf of the claimant(s), report expenses for all persons for whom an apportionment is being claimed. If you are claiming an apportionment as the custodian of the veteran's child or children, report your expenses and the expenses of the child(ren).

SOURCE	VETERAN OR SURVIVING SPOUSE	CUSTODIAN	PERSON APPORTIONMENT IS CLAIMED FOR	PERSON APPORTIONMENT IS CLAIMED FOR
1A. RENT OR HOUSE PAYMENT	\$	\$	\$	\$
1B. FOOD				
1C. UTILITIES <i>(Water, gas, electricity)</i>				
1D. TELEPHONE				
1E. CLOTHING				
1F. MEDICAL EXPENSES				
1G. SCHOOL EXPENSES				
1H. OTHER EXPENSES <i>(Show source)</i>				
1I. OTHER EXPENSES <i>(Show source)</i>				

PART III - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

1. SIGNATURE OF VETERAN OR CLAIMANT

2. DATE SIGNED

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.

PRIVACY ACT INFORMATION - The 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 VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA 21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN - We need this information to determine whether an apportionment of VA disability or death benefits may be made (38 U.S.C. 5307). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 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.