



**PENSION CLAIM QUESTIONNAIRE
 FOR FARM INCOME**

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

INSTRUCTIONS: Before further action can be taken on your claim, we must have more information concerning your farming activity. Please answer all questions on this form accurately and completely. If the answer to a particular question is none, write "NONE" in the space provided. Please read the Privacy Act and Respondent Burden Information on Page 2 before completing this form.

References in this form to "THIS YEAR" refer to the period. (If blank, "THIS YEAR" refers to the current calendar year. References to "LAST YEAR" refer to the 12 month period preceding "THIS YEAR".)

1. PERIOD STARTING DATE
 Month Day Year
 — —

2. PERIOD ENDING DATE
 Month Day Year
 — —

SECTION I: VETERAN AND CLAIMANT INFORMATION

3. VETERAN'S NAME *(First, Middle Initial, Last)*

4. VETERAN'S SOCIAL SECURITY NUMBER
 — —

5. VETERAN'S FILE NUMBER

6. CLAIMANT'S NAME *(If claimant is not the veteran - First, Middle Initial, Last)*

7. CLAIMANT'S SOCIAL SECURITY NUMBER
 — —

8. CLAIMANT'S DATE OF BIRTH *(MM,DD,YYYY)*
 Month Day Year
 — —

9. CLAIMANT'S CURRENT MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code —

10. CLAIMANT'S TELEPHONE NUMBER *(Include Area Code)*

11. CLAIMANT E-MAIL ADDRESS

SECTION II: REPORT OF THE TOTAL OF ALL GROSS RECEIPTS

(Including crops, breeding livestock, other livestock, produce, farm rentals, soil bank or ASCA payments, patronage division, cash, rents, etc.)

12. AMOUNT RECEIVED LAST YEAR
 \$

13. AMOUNT EXPECTED THIS YEAR
 \$

14. AMOUNT ANTICIPATED NEXT YEAR
 \$

15. NAME(S) OF OWNER(S) OF BUSINESS AND DEGREE OF OWNERSHIP OF EACH *(As shown by deed, trust or other document)*

A. NAME OF OWNER OF BUSINESS	B. DEGREE OF OWNERSHIP

22. REMARKS (If any - continued)

SECTION IV: CERTIFICATION AND SIGNATURE OF CLAIMANT

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

23A. SIGNATURE OF CLAIMANT (Sign in ink)

23B. DATE SIGNED

SECTION V: WITNESSES TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK

Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

24A. SIGNATURE OF WITNESS (Sign in ink)

24B. PRINTED NAME AND ADDRESS OF WITNESS

25A. SIGNATURE OF WITNESS (Sign in ink)

25B. PRINTED NAME AND ADDRESS OF WITNESS

PRIVACY ACT NOTICE: 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 5, Code of Federal Regulations 1.526 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, 58VA21/22/28, 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. You are required to provide the Social Security number requested under 38 U.S.C. 5101 (c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and specifically may disclose them for the purposes stated above. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine eligibility for disability pension under 38 U.S.C. 1521, death pension under 38 U.S.C. 1521, death pension under 38 U.S.C. 1315, death compensation under 38 U.S.C. 1121, or Parents' dependency and indemnity compensation under 38 U.S.C. 1315. 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 1-877-294-6380 to get information on where to send comments or suggestions about this form.