



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

**APPLICATION OF SURVIVING SPOUSE OR CHILD  
 FOR REPS BENEFITS  
 (RESTORED ENTITLEMENT PROGRAM FOR SURVIVORS)**

**INSTRUCTIONS:** Before completing this form, read the Privacy Act and Respondent Burden information on page 3. For more information, contact us at <https://iris.custhelp.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711.

**SECTION I - VETERAN'S INFORMATION**

**NOTE:** You may complete the form on-line or by hand. If completed by hand, print the information requested in ink, neatly and legibly, and completely fill in each applicable circle to help expedite processing of the form.

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

2. SOCIAL SECURITY NUMBER

3. VA FILE NUMBER

4. BRANCH OF SERVICE

- ARMY   
  NAVY   
  MARINES   
  COAST GUARD   
  AIR FORCE  
 SPACE FORCE   
  OTHER (Specify)

5. DATE OF DEATH (MM/DD/YYYY)

Month                  Day                  Year

**SECTION II - CLAIMANT'S INFORMATION**

6. NAME OF CLAIMANT (First, Middle Initial, Last) (SEE INSTRUCTIONS)

7. DATE OF BIRTH (MM,DD,YYYY)

Month                  Day                  Year

8. SOCIAL SECURITY NUMBER

9. MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code and Country)

Street address, rural route, or P.O. Box

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

10. TELEPHONE NUMBER (Include Area Code)

11. E-MAIL ADDRESS (If applicable)

12. RELATIONSHIP TO VETERAN

- SURVIVING SPOUSE   
  CHILD

13. MARITAL STATUS

- SINGLE   
  MARRIED   
  DIVORCED/WIDOWED (If checked, complete Items 14 and 15)

14. DATE OF MARRIAGE (MM/DD/YYYY)

Month                  Day                  Year

15. DATE MARRIAGE TERMINATED

Month                  Day                  Year

**SECTION III - CLAIMANT'S EMPLOYMENT AND WAGE INFORMATION**

(To be completed in full, only if you are a surviving spouse, and the youngest child in your care has reached age 16, but is not yet 18)

16. EMPLOYMENT STATUS (PLEASE SELECT ONE)

- EMPLOYED  
 NOT EMPLOYED  
 SELF EMPLOYED (Enter number of hours worked per month): \_\_\_\_\_

17. TOTAL EARNINGS FROM EMPLOYMENT FOR LAST CALENDAR YEAR

\$ .00 \_\_\_\_\_  
 (Year)

18. MAXIMUM EXPECTED EARNINGS FROM EMPLOYMENT FOR THIS CALENDAR YEAR? (You must enter an estimate)

\$ .00 \_\_\_\_\_  
 (Year)

19. MAXIMUM EXPECTED EARNINGS FROM EMPLOYMENT FOR NEXT CALENDAR YEAR? (You must enter an estimate)

\$ .00 \_\_\_\_\_  
 (Year)

**SECTION IV - REMARKS**

20. REMARKS (If any)

**SECTION V - CERTIFICATION AND SIGNATURE OF CLAIMANT, CUSTODIAN OR GUARDIAN**

**I CERTIFY THAT** the statements provided are true and correct to the best of my knowledge.

21. SIGNATURE OF CLAIMANT, CUSTODIAN, OR GUARDIAN (Sign in ink)

22. DATE SIGNED

Month                  Day                  Year  
 —                                  —

**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 to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

**SECTION VI - CERTIFICATION OF SERVICE-CONNECTION OR DEATH ON ACTIVE DUTY**

**I HEREBY CERTIFY THAT** the deceased died on active duty prior to August 13, 1981, or died from a service-connected disability incurred or aggravated prior to August 13, 1981.

23A. SIGNATURE AND TITLE OF VA OFFICIAL

23B. VARO (City) AND STATION NUMBER

23C. DATE SIGNED

Month                  Day                  Year  
 —                                  —

## INFORMATION

**WHO IS ELIGIBLE:** Benefits are payable to certain survivors of members or former members of the Armed Forces who died while on active duty prior to August 13, 1981, or who died from a disability incurred in or aggravated by active duty prior to August 13, 1981. Service in the Public Health Service or National Oceanic and Atmospheric Administration does not qualify.

**SURVIVING SPOUSE:** If you were married to the veteran at the time of his or her death and are not currently married, you may be eligible for REPS benefits for yourself when the youngest child in your care reaches age 16. These benefits will terminate when the child reaches age 18, whether or not the child is still in high school.

**CHILD:** If you are an unmarried child of the veteran between the ages of 18 and 21 and are attending a postsecondary school full time, you may be eligible for REPS. In the United States, "postsecondary school" refers to school above the level of high school. If you are age 18 and still in high school, you are not eligible for REPS. However, you may apply to the Social Security Administration for an extension of benefits.

## INSTRUCTIONS

If you are applying as a surviving spouse whose youngest child in care is age 16 or 17, please complete Section II-Claimant's Information. All other questions on the form pertain to you and not to your child. If you are the veteran's child, age 18 to 21 and attending college or other postsecondary school full time, please complete Section II-Claimant's Information. All other questions on this form pertain to you.

**NOTE:** This form is intended to serve as an application for only one person. Additional forms can be obtained from the internet at [www.va.gov/vaforms](http://www.va.gov/vaforms).

**NOTE:** Action on your claim may be delayed if you do not provide all of the information requested. You are required to estimate wage information in Part III, even if you do not know the exact wage amount(s). If you need additional space, use Item 20, "REMARKS", or attach a separate sheet and label your answers to correspond to the question numbers on the form. Please include the veteran's full name and VA file number on each sheet. Please type or print in ink.

The form should be returned to VA by mail at the address shown below:

**VA Regional Office,  
400 S. 18th St.,  
St. Louis, MO 63103-2271**

**IMPORTANT: IT IS YOUR DUTY TO REPORT ANY CHANGES IN THE INFORMATION PROVIDED ON THIS APPLICATION.**

To report any changes, please contact the VA National Call Center via telephone at **1-800-827-1000**.

**PRIVACY ACT INFORMATION:** 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, 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. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 U.S.C. 5101(c)(1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. 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 eligibility for REPS benefits (38 U.S.C. 5101 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 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](http://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.