



Privacy Act Notice: 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, 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. 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 benefits (38 U.S.C. 1315 and 1506). 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.

INSTRUCTIONS: Please provide specific information about the gross income and expenses of your property and/or business, so we can determine eligibility for benefits. 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.

Rental income: Net rental income is gross rental income less expenses. Depreciation and payments on the principal of a mortgage are not deductible. If the rental property is partially occupied by the owner, report the gross income received and the proportionate part of the expenses. For example: If you own a two-family house that is occupied by you and another family, report the gross income you receive from the other family and one-half of the expenses.

Business income: Net business income is gross income less operating expenses. Depreciation, withdrawals of cash or merchandise, and salaries paid you or your partners are not deductible. Deductible operating expenses include cost of goods sold, rent, normal repairs, taxes (other than Federal income tax), salary or wages of employees, insurance, interest on business debts, and similar expenses.

For more information on VA benefits, visit our web site at www.va.gov, contact us at <https://iris.custhelp.com>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711. VA forms are available at www.va.gov/vaforms.

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

2. FIRST NAME-MIDDLE NAME-LAST NAME OF CLAIMANT *(If other than veteran)*

3. MAILING ADDRESS OF CLAIMANT *(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

4. VA FILE NUMBER 5. TELEPHONE NUMBER *(Include Area Code)* 6. WHAT PORTION OF RENTAL PROPERTY, IF ANY, IS OCCUPIED BY CLAIMANT?

7. ADDRESS OF RENTAL PROPERTY 8. BRIEF DESCRIPTION OF RENTAL PROPERTY *(Include number and type of units)*

9. ADDRESS OF BUSINESS 10. TYPE OR NATURE OF BUSINESS

STOCK INVENTORY OF BUSINESS 11A. VALUE AT BEGINNING OF CURRENT CALENDAR YEAR \$ 11B. VALUE AT END OF CURRENT CALENDAR YEAR \$

LINE NO.	(12A) TOTAL EXPENSES RELATING TO RENTAL PROPERTY OR OPERATION OF BUSINESS <i>NOTE: Do not list personal expenditures.</i>	(12B) EXPENSES FOR THE PERIOD		(12C) EXPENSES FOR THE PERIOD	
		FROM	THRU	FROM	THRU
		<i>(If no dates are shown, report expenses for last calendar year)</i>		<i>(If no dates are shown, report expenses for current calendar year)</i>	
1	TAXES	\$		\$	
2	UTILITIES <i>(If furnished)</i>				
3	INSURANCE				
4	INTEREST ON MORTGAGE				
5	FUEL <i>(If furnished)</i>				
6	NORMAL REPAIRS				

7	COST OF GOODS SOLD		
8	RENT		
9	EMPLOYEES' SALARIES		
10	INTEREST ON BUSINESS DEBT		
11	OTHER <i>(Explain briefly in Item 13, "Remarks")</i>		
12	TOTAL EXPENSES ▶	\$	\$

IMPORTANT: Report total gross income in Line 1, total expenses in Line 2, and total net income in Line 3. If the property or business is owned jointly, report your share of the net income in Line 4 and your fractional share of property ownership in Line 5. List the name(s), address(es), and fractional share(s) of ownership for all remaining owner(s) in Line 6. If your spouse and/or dependent child(ren) are joint owners, report their net property or business income in Item 14, "Remarks."

LINE NO.	(13A) GROSS INCOME, TOTAL EXPENSES, AND NET INCOME FROM PROPERTY OR BUSINESS	(13B) EXPENSES FOR THE PERIOD		(13C) EXPENSES FOR THE PERIOD	
		FROM	THRU	FROM	THRU
		(If no dates are shown, report expenses for last calendar year)		(If no dates are shown, report expenses for current calendar year)	
1	GROSS INCOME FROM RENTAL PROPERTY AND BUSINESS	\$		\$	
2	TOTAL EXPENSES <i>(Enter total from line 12, above)</i>	\$		\$	
3	NET INCOME FROM RENTAL PROPERTY OR RECEIPTS FROM BUSINESS <i>(Subtract line 2 from line 1)</i>	\$		\$	

NOTE: Complete Items 4, 5, and 6 only if property or business is owned jointly.

4	CLAIMANT'S SHARE OF NET INCOME FROM RENTAL PROPERTY OR RECEIPTS FROM BUSINESS	\$	\$
5	SHARE OF PROPERTY OR BUSINESS OWNED BY CLAIMANT <i>(Fractional)</i>		

6 LIST THE NAME(S), ADDRESS(ES), AND FRACTIONAL SHARES(S) OF OWNERSHIP FOR ALL REMAINING OWNERS

14. REMARKS

I CERTIFY THAT the statements in this document are true and correct to the best of my knowledge.

15A. SIGNATURE OF CLAIMANT <i>(Sign in ink)</i>	15B. DATE
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16A. DAYTIME TELEPHONE NUMBER <i>(Including Area Code)</i>	16B. EVENING TELEPHONE NUMBER <i>(Including Area Code)</i>
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WITNESSES TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK: Signature made by mark must be witnessed by two persons who know the claimant personally, and the signatures and addresses of such witnesses must be shown below.

17A. SIGNATURE OF WITNESS <i>(Sign in ink)</i>	17B. PRINTED NAME AND ADDRESS OF WITNESS
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18A. SIGNATURE OF WITNESS <i>(Sign in ink)</i>	18B. PRINTED NAME AND ADDRESS OF WITNESS
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PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact knowing it to be false.