OMB Approved No. 2900-0101
Respondent Burden: 40 minutes
Expiration Date: XX/XX/XXXX

FIRST, MIDDLE, LAST NAME OF VETERAN

FIRST, MIDDLE, LAST NAME OF SURVIVING SPOUSE

COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE

Department of Veterans Affairs

IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (Surviving Spouse with Children) 9S

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 (*Month, Day, Year*)

2. MARITAL STATUS (*Check only one box*)

(1) ☐ I HAVE NOT MARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death.)

(2) ☐ I REMARRIED ON (DATE) _____ AND I AM STILL MARRIED *(*You married after the veteran's death and you are currently married. Enter the day you married your current spouse.)

(3) ☐ I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (DATE). (You remarried but you are not currently married. Show the date your latest marriage ended.)

3A. UNMARRIED DEPENDENT CHILDREN *(Read Paragraph 1 of the EVR Instructions)*

FULL NAME OF EACH CHILD *(First, middle initial, last)*	DATE OF BIRTH *(Mo., day, yr.)*	SOCIAL SECURITY NUMBER	PLEASE CHECK ONE (X)		
			UNDER 18 YEARS OF AGE	OVER 18 AND UNDER 23, AND ATTENDING SCHOOL	ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

3B. UNMARRIED DEPENDENT CHILDREN LISTED IN 3A WHO DO NOT LIVE WITH YOU

NAME OF CHILD	CHILD'S COMPLETE ADDRESS	NAME OF PERSON CHILD LIVES WITH (If Applicable)	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT

4A. ARE YOU A PATIENT IN A NURSING HOME?

☐ YES ☐ NO *(If "YES," complete Items 4B through 4D. If "NO," go to Item 5.)*

4B. SHOW THE DATE YOU ENTERED THE NURSING HOME

4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (*Please Include ZIP Code*)

4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?

☐ YES ☐ NO

5. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?

☐ YES ☐ NO

6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?

☐ YES ☐ 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)*

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

SOURCE	SURVIVING SPOUSE	CHILD:	CHILD:
SOCIAL SECURITY			
U.S. CIVIL SERVICE			
U.S. RAILROAD RETIREMENT			
BLACK LUNG BENEFITS			
OTHER 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	SURVIVING SPOUSE		CHILD:		CHILD:	
	FROM: THRU:	FROM: THRU:	FROM: THRU:	FROM: THRU:	FROM: THRU:	FROM: THRU:
GROSS SALARY OR WAGES FROM ALL EMPLOYMENT						$
TOTAL INTEREST AND DIVIDENDS						
ALL OTHER (Show Source)						
ALL OTHER (Show Source)						

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE 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? (*Tell what happened; for example, quit work, got raise, received inheritance)*

7G. NET WORTH *(Read Paragraph 5 of the EVR Instructions)*

SOURCE	SURVIVING SPOUSE	CHILD:	CHILD:
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. 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 last 12 months. DO NOT REPORT CHILDRENS' EXPENSES. $

10. FAMILY MAINTENANCE *(HARDSHIP)* EXPENSES FOR NEXT 12 MONTHS *(Read Paragraph 8 of the EVR Instructions)*

Complete ONLY IF VA is currently excluding children's income on the grounds of hardship. Show total family expenses expected for the next 12 months. $ _____

11A. SIGNATURE OF PAYEE *(Read Paragraph 9 of the EVR Instructions before signing)*	11B. DATE

11C. 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.