



REQUEST FOR DETAILS OF EXPENSES

IMPORTANT: Please read the Privacy Act and Respondent Burden on page 3 before completing the form.
For mailing information see Page 3 of the application.

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

INSTRUCTIONS - We need additional information to determine whether you are entitled to benefits. Please complete all items. If an answer is "none" or "0" write that. VA will interpret a blank space as "NONE" or "0." For additional space, use Item 23, "Remarks," or attach a separate sheet indicating the item number to which the answers apply. For additional information or questions contact us online at <https://www.va.gov/contact-us> or call us toll-free at 1-800-827-1000 (TTY: 711).

NOTE: You may *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

SECTION I: VETERAN'S IDENTIFICATION INFORMATION (MUST COMPLETE)

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

2. VETERAN'S SOCIAL SECURITY NUMBER

- -

3. VA FILE NUMBER (If applicable)

4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

- -

SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION (MUST COMPLETE)

5. CLAIMANT'S NAME (First, Middle Initial, Last)

6. CLAIMANT'S SOCIAL SECURITY NUMBER

- -

7. CLAIMANT'S DATE OF BIRTH (MM/DD/YYYY)

- -

8. CLAIMANT'S RELATIONSHIP TO VETERAN

SPOUSE CHILD

OTHER (Specify)

9. CLAIMANT'S 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. TELEPHONE NUMBER (Include Area Code)

- -

Enter International Phone Number (If applicable)

11. E-MAIL ADDRESS (Optional)

SECTION III: DEPENDENTS

12A. NAME

12B. AGE

12C. RELATIONSHIP

SPOUSE CHILD

OTHER (Specify)

12D. DEPENDENT'S STATUS

LIVES WITH YOU AND RECEIVES YOUR SUPPORT

DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO DEPENDENT'S SUPPORT \$, .00

13A. NAME

13B. AGE

13C. RELATIONSHIP

SPOUSE CHILD

OTHER (Specify)

13D. DEPENDENT'S STATUS

LIVES WITH YOU AND RECEIVES YOUR SUPPORT

DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO DEPENDENT'S SUPPORT \$, .00

14A. NAME	14B. AGE	14C. RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER (Specify) _____
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14D. DEPENDENT'S STATUS
 LIVES WITH YOU AND RECEIVES YOUR SUPPORT
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO DEPENDENT'S SUPPORT \$ _____, .00

15A. NAME	15B. AGE	15C. RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER (Specify) _____
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15D. DEPENDENT'S STATUS
 LIVES WITH YOU AND RECEIVES YOUR SUPPORT
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO DEPENDENT'S SUPPORT \$ _____, .00

16A. NAME	16B. AGE	16C. RELATIONSHIP <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER (Specify) _____
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16D. DEPENDENT'S STATUS
 LIVES WITH YOU AND RECEIVES YOUR SUPPORT
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO DEPENDENT'S SUPPORT \$ _____, .00

**SECTION IV: MONTHLY EXPENSES (EXCEPT MEDICAL)
FOR YOU AND THOSE LISTED IN SECTION III AS LIVING WITH YOU**

ITEM		AMOUNT	ITEM (CONTINUED)		AMOUNT (CONTINUED)
17A.	HOUSING	\$ _____, .00	17E.	CLOTHING	\$ _____, .00
17B.	FOOD	\$ _____, .00	17F.	UTILITIES	\$ _____, .00
17C.	TAXES	\$ _____, .00	17G.	EDUCATION OF CHILDREN	\$ _____, .00
17D.	INTEREST	\$ _____, .00	17H.	OTHER (SPECIFY) _____	\$ _____, .00

SECTION V: HOSPITAL AND MEDICAL EXPENSES

18A. DO YOU HAVE OR EXPECT TO HAVE ANY LARGE OR UNUSUAL HOSPITAL OR MEDICAL EXPENSES FOR YOURSELF AND OTHERS YOU SUPPORT AND LIVE WITH? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," please complete items 18B and 18C)</i>	18B. ESTIMATED COST PER YEAR \$ _____, .00
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18C. EXPLANATION

SECTION VI: EDUCATIONAL EXPENSES

19A. DO YOU EXPECT TO MAKE PROVISIONS FOR YOUR CHILDREN'S EDUCATIONAL NEEDS, INCLUDING ADVANCED TECHNICAL OR COLLEGE EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," please complete item 19B and itemize the date(s) and amount(s) of payment(s) in item 23, REMARKS)</i>	19B. TOTAL AMOUNT OF EDUCATIONAL EXPENSES PAID BY YOU \$ _____, .00
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SECTION VII: EXPENSES OF LAST ILLNESS AND BURIAL OF VETERAN, SPOUSE, OR CHILD AND JUST DEBTS OF DECEASED VETERAN OR PARENT'S SPOUSE

20A. NAME OF DECEASED PERSON <i>(First, Middle Initial, Last)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	20B. RELATIONSHIP TO YOU <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> PARENT	20C. DATE OF DEATH <i>(MM/DD/YYYY)</i> - -
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EXPENDITURES FOR PERSON NAMED IN ITEM 20A

NOTE - Furnish information concerning unreimbursed expenses as follows:

- A VETERAN - For his/her spouse's or child's last illness and burial.
- A CHILD - For Veteran's last illness, burial and just debts.
- A PARENT - For his/her spouse's or Veteran's last illness and burial and for his/her spouse's just debts.
- A SPOUSE - For the last illness and burial of Veteran's child.
- A WIDOW(ER) - For Veteran's last illness, (paid before or after the Veteran's death), burial and just debts and for the last illness and burial of Veteran's child.

- LAST ILLNESS - The period from the onset of the acute attack causing death to the date of death (generally within one year of the date of death).
- BURIAL EXPENSES - Include all unreimbursed funeral and burial expenses incident to disposition of the remains of deceased persons under 38 U.S.C. 2302-2303.
- JUST DEBTS - Unsecured debts incurred solely by the Veteran or incurred jointly by the Veteran and surviving spouse, for other than the purpose of real or personal property. Just debts are paid by a surviving spouse or child after the Veteran's passing.

21A (1). WHOSE EXPENSES WERE PAID? (CHECK ONE) <input type="checkbox"/> DECEASED VETERAN <input type="checkbox"/> VETERAN'S DECEASED CHILD <input type="checkbox"/> DECEASED SPOUSE <input type="checkbox"/> DECEASED PARENT OF VETERAN	21A (2). NAME AND ADDRESS OF THE PERSON PAID Provider: _____ Address: _____
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21A (3). NATURE OF EXPENSES OR DEBT <input type="checkbox"/> LAST ILLNESS <input type="checkbox"/> BURIAL <input type="checkbox"/> JUST DEBT <input type="checkbox"/> OTHER (Specify) _____	21A (4). DATE PAID (MM/DD/YYYY) - -	21A (5). TOTAL AMOUNT OF EXPENSES OR DEBT \$, .00	21A (6). AMOUNT PAID BY YOU \$, .00
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21B (1). WHOSE EXPENSES WERE PAID? (CHECK ONE) <input type="checkbox"/> DECEASED VETERAN <input type="checkbox"/> VETERAN'S DECEASED CHILD <input type="checkbox"/> DECEASED SPOUSE <input type="checkbox"/> DECEASED PARENT OF VETERAN	21B (2). NAME AND ADDRESS OF THE PERSON PAID Provider: _____ Address: _____
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21B (3). NATURE OF EXPENSES OR DEBT <input type="checkbox"/> LAST ILLNESS <input type="checkbox"/> BURIAL <input type="checkbox"/> JUST DEBT <input type="checkbox"/> OTHER (Specify) _____	21B (4). DATE PAID (MM/DD/YYYY) - -	21B (5). TOTAL AMOUNT OF EXPENSES OR DEBT \$, .00	21B (6). AMOUNT PAID BY YOU \$, .00
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21C (1). WHOSE EXPENSES WERE PAID? (CHECK ONE) <input type="checkbox"/> DECEASED VETERAN <input type="checkbox"/> VETERAN'S DECEASED CHILD <input type="checkbox"/> DECEASED SPOUSE <input type="checkbox"/> DECEASED PARENT OF VETERAN	21C (2). NAME AND ADDRESS OF THE PERSON PAID Provider: _____ Address: _____
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21C (3). NATURE OF EXPENSES OR DEBT <input type="checkbox"/> LAST ILLNESS <input type="checkbox"/> BURIAL <input type="checkbox"/> JUST DEBT <input type="checkbox"/> OTHER (Specify) _____	21C (4). DATE PAID (MM/DD/YYYY) - -	21C (5). TOTAL AMOUNT OF EXPENSES OR DEBT \$, .00	21C (6). AMOUNT PAID BY YOU \$, .00
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21D (1). WHOSE EXPENSES WERE PAID? (CHECK ONE) <input type="checkbox"/> DECEASED VETERAN <input type="checkbox"/> VETERAN'S DECEASED CHILD <input type="checkbox"/> DECEASED SPOUSE <input type="checkbox"/> DECEASED PARENT OF VETERAN	21D (2). NAME AND ADDRESS OF THE PERSON PAID Provider: _____ Address: _____
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21D (3). NATURE OF EXPENSES OR DEBT <input type="checkbox"/> LAST ILLNESS <input type="checkbox"/> BURIAL <input type="checkbox"/> JUST DEBT <input type="checkbox"/> OTHER (Specify) _____	21D (4). DATE PAID (MM/DD/YYYY) - -	21D (5). TOTAL AMOUNT OF EXPENSES OR DEBT \$, .00	21D (6). AMOUNT PAID BY YOU \$, .00
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SECTION VIII: COMMERCIAL LIFE INSURANCE PAYMENTS

NOTE: Under Public Law 108-454, VA may not count as income the lump sum proceeds of a life insurance policy on a Veteran who dies after December 9, 2004. Proceeds from all other insurance payments may be countable.		AMOUNT
22A.	TOTAL RECEIVED OR EXPECTED BY CLAIMANT	\$, .00
22B.	EXPECTED OR ACTUAL DATE OF RECEIPT (If paid by installments, explain payment schedule in Item 23, Remarks)	\$, .00
22C.	NAME OF THE DECEASED FROM WHOM PAYMENT IS RECEIVED.	

SECTION IX: REMARKS, CERTIFICATION AND SIGNATURE

23. REMARKS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission or any statement or evidence of a material fact, knowing it to be false (18 U.S.C. §§ 1001-1002).

I CERTIFY THAT the foregoing statement(s) are true and correct to the best of my knowledge and belief.

24A. SIGNATURE OF CLAIMANT (*Do not print, sign in ink*)

24B. DATE SIGNED

MAIL TO

**Department of Veterans Affairs Pension Intake Center
PO Box 5365
Janesville, WI 53547-5365**

FEES FOR CLAIMS: Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.

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, 58VA21/22, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your response is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine entitlement to benefits. 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. 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 purposes stated above.

Respondent Burden: We need this information to determine entitlement to Pension or Parent's Dependency and Indemnity Compensation (38 U.S.C. 1503 and 1315). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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.