OMB Approved No. 2900-0138 Respondent Burden: 15 minutes Expiration Date: XX/XX/XXXX

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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).

(DO NOT WRITE IN THIS SPACE)

contact-us or call us toll-free at 1-800-827-1000 (7	TTY: 711).	v.va.gov/						
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	VETERAN'S SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable)							
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 applica	ıble)						
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. NAIVIE	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. N	AME				14B. AGE	14C. RELATIONS	SHIP		
						SPOUSE CHILD			
						OTHER (Spe	cify)		
14D. D	14D. DEPENDENT'S STATUS								
	VES WITH YOU AND RECEIVES	S YOUR SUPPORT							
	DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO DEPENDENT'S SUPPORT \$, .00								
15A. N	AME				15B. AGE	15C. RELATIONS			
						SPOUSE	CHILD)	!
						OTHER (Spec	cify)		
l	DEPENDENT'S STATUS VES WITH YOU AND RECEIVES								
			WOLL CONTRIBUTE TO	שבשבאותבו	NITIO OLIDDODT \$		-00		
\vdash	OES NOT LIVE WITH YOU AND	MONTHLY AMOUNT	YOU CONTRIBUTE TO	DEPENUE:	1 1	,			
16A. N	ıAME				16B. AGE 16C. RELATIONSHIP SPOUSE CHILD				!
					OTHER (Specify)				
16D. D	DEPENDENT'S STATUS								
Lr	VES WITH YOU AND RECEIVES	S YOUR SUPPORT							
	OES NOT LIVE WITH YOU AND	MONTHLY AMOUNT	YOU CONTRIBUTE TO	DEPENDE	NT'S SUPPORT \$	•	-00		
			IV: MONTHLY EX						
		FOR YOU AND	THOSE LISTED IN	SECTIO	N III AS LIVING	WITH YOU			
	ITEM	Δ	AMOUNT		ITEM (CON	ITINUED)	AMOUN	T (CONTII	NUED)
17A.	HOUSING	\$, .00	17E.	CLOTHING		\$,	.00
17B.	FOOD	\$, · 00	17F.	UTILITIES		\$,	.00
17C.	TAXES	\$, .00	17G.	G. EDUCATION OF CHILDREN		\$,	.00
17D.	INTEREST	\$, .00	17H.	OTHER (SPECIF)	Y)	\$,	.00
	SECTION V: HOSPITAL AND MEDICAL EXPENSES								
18A. C	OO YOU HAVE OR EXPECT TO	HAVE ANY LARGE O	PR UNUSUAL HOSPITAL	OR MEDIC	AL EXPENSES FOR	YOURSELF	18B. ESTIMAT	ED COST	PER YEAR
	ND OTHERS YOU SUPPORT A								
	YES NO (If "YES," please co	omplete items 18B and 18	8C)				\$,	.00
18C. E	EXPLANATION								
L									
		SI	ECTION VI: EDUC	ATIONA	L EXPENSES				
19A. DO YOU EXPECT TO MAKE PROVISIONS FOR YOUR CHILDREN'S EDUCATIONAL NEEDS, INCLUDING ADVANCED TECHNICAL OR COLLEGE EDUCATION? 19B. TOTAL AMOUNT OF EDUCATIONAL EXPENSES PAID BY YOU									
	YES NO (If "YES," please complete item 19B and itemize the date(s) and amount(s) of payment(s) in item 23, REMARKS) \$,								
SECTION VII: EXPENSES OF LAST ILLNESS AND BURIAL OF VETERAN, SPOUSE, OR CHILD									
20A. N	AND JUST DEBTS OF DECEASED VETERAN OR PARENT'S SPOUSE 20A. NAME OF DECEASED PERSON (First, Middle Initial, Last) 20B. RELATIONSHIP TO YOU 20C. DATE OF DEATH (MM/DD/YYYY)								
	SPOUSE CHILD								
				PARE	ENT				

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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.						ter the		
 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	")	21A (2). NA	ME AND ADDRESS OF THE PE	RSON F	PAID			
DECEASED VETERAN VETERAN'S D	ECEASED CHILD	Provider:	rovider:					
DECEASED VETERAN VETERAN'S DECEASED CHILD DECEASED SPOUSE DECEASED PARENT OF VETERAN			ess:					
21A (3). NATURE OF EXPENSES OR DEBT 21A (4)	_	21A (5). TOTAL AMOUNT C EXPENSES OR DI		21A (6). AMOU	NT PAID BY YOU			
LAST ILLNESS BURIAL			\$.00	\$,	.00		
JUST DEBT OTHER (Specify)								
21B (1). WHOSE EXPENSES WERE PAID? (CHECK ONE	")	21B (2). NA	I ME AND ADDRESS OF THE PE	RSON F	PAID			
DECEASED VETERAN VETERAN'S D	DECEASED CHILD	Provider:						
	ARENT OF VETERAN	Address:						
		Address.	T		T			
21b (3). NATURE OF EXPENSES OR DEBT 21b (4)	. DATE PAID (MM/DD/YYYY)		21B (5). TOTAL AMOUNT C EXPENSES OR DI		21B (6). AMOU	NT PAID BY YOU		
LAST ILLNESS BURIAL			\$,	.00	\$.00		
JUST DEBT OTHER (Specify)					,			
21C (1). WHOSE EXPENSES WERE PAID? (CHECK ONE.)	21C (2). NAME AND ADDRESS OF THE PERSON PAID						
DECEASED VETERAN VETERAN'S D	ECEASED CHILD	Provider:						
DECEASED SPOUSE DECEASED PARENT OF VETERAN Address:								
21C (3). NATURE OF EXPENSES OR DEBT 21C (4)	. DATE PAID (MM/DD/YYYY)	_	21C (5). TOTAL AMOUNT EXPENSES OR D		21C (6). AMOU	NT PAID BY YOU		
LAST ILLNESS BURIAL	_				œ.	00		
JUST DEBT OTHER (Specify)			\$,	-00	,	.00		
JUST DEBT OTHER (Specify)								
21D (1). WHOSE EXPENSES WERE PAID? (CHECK ONE	")	21D (2). NA	I AME AND ADDRESS OF THE PE	ERSON	PAID			
DECEASED VETERAN VETERAN'S I		Provider:						
	DECEASED CHILD							
	PARENT OF VETERAN	Address:						
21D (3). NATURE OF EXPENSES OR DEBT 21D (4)	. DATE PAID (MM/DD/YYYY)		21D (5). TOTAL AMOUNT EXPENSES OR DE		21D (6). AMOU	NT PAID BY YOU		
LAST ILLNESS BURIAL			\$.00	\$.00		
JUST DEBT OTHER (Specify)	_		φ ,	.00	Ψ ,	-00		
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.					AMOUN	Т		
22A. TOTAL RECEIVED OR EXPECTED BY CLAIMANT					,	.00		
22B. EXPECTED OR ACTUAL DATE OF RECEIP <i>Item 23, Remarks)</i>	in payment so	chedule in	\$,	.00			
22C. NAME OF THE DECEASED FROM WHOM F	PAYMENT IS RECEIVED.							

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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					

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.

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