OMB Approved No. 2900-0101 Respondent Burden: 30 minutes Expiration Date: XX/XX/20XX

Department of Veterans Affairs	OLD LAW AND SECTION 306 ELIGIBILITY VERIFICATION REPORT (VETERAN) 2V				
FIRST, MIDDLE, LAST NAME OF VETERAN	VA FILE NUMBER				
YOUR COMPLETE MAILING ADDRESS	VA REGIONAL OFFICE RETURN ADDRESS				
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.					
IMPORTANT: Please read the enclosed EVR Instructions (VA Form 21P-0510) before completing this form. This form is used by veterans receiving Old Law or Section 306 Pension. If you have been receiving a fixed rate of pension since 1960, you receive Old Law Pension. If you have been receiving a fixed rate of pension since 1978 you receive Section 306 Pension. If you receive Old Law Pension, do not complete Item 7G, Net Worth, and Item 8, Family Medical Expenses. If you receive Section 306 Pension, complete all items.					
1A. YOUR SOCIAL SECURITY NUMBER	1B. YOUR SPOUSES'S SOCIAL SECURITY NUMBER				
1C. FIRST, MIDDLE, LAST NAME OF YOUR SPOUSE	1D. YOUR SPOUSE'S DATE OF BIRTH (MM/DD/YYYY)				
2. MARITAL STATUS (Check one box)					
(1) MARRIED-LIVING WITH SPOUSE (You are legally married and live with your spouse or you live apart only for medical reasons.)					
(2) MARRIED-NOT LIVING WITH SPOUSE (You are legally married but estranged from your spouse.)					
Show the amount you contributed to your spouse's support during the last 12 months (in dollars) If you separated within the last 12 months, show the date of separation (MM/DD/YYYY)					
(3) NOT MARRIED (You have never married or are now divorced or widowed.)					
If your marriage ended within the last 12 months, show the date of divorce or death (MM/DD/YYYY)					
3A. NUMBER OF UNMARRIED DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions)	3B. AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY (in dollars)				
IN YOUR CUSTODY NOT IN YOUR CUSTODY					
4A. ARE YOU A PATIENT IN A NURSING HOME? (If "YES," Complete Items 4B thru 4D. If "NO," go to Item 5)	4B. SHOW THE DATE YOU ENTERED THE NURSING HOME (MM/DD/YYYY)				
YES					
□ NO					
4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF THE 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 (If you checked "YES," write in the VA File number of the other benefit)					

REPORT OF INCOME AND NET WORTH					
7A. MONTHLY INCOME (Read Paragraphs 2 and					
NOTE: If no income or net worth was received f spouse's income only if you receive Section 306 P		ee, write "0"or "none." DO NOT LEA	AVE ANY ITEM	S BLANK. Exception: Report your	
		GROSS MONTHLY AM	IOUNTS (in do	llars)	
SOURCE		VETERAN	١	SPOUSE - SECTION 306 ONLY	
SOCIAL SECURITY					
U.S. CIVIL SERVICE					
U.S. RAILROAD RETIREMENT					
MILITARY RETIREMENT					
BLACK LUNG BENEFITS					
SUPPLEMENTAL SECURITY INCOME (SSI)/PUBLIC ASSISTANCE					
OTHER MONTHLY INCOME (Show Source)					
7B. ANNUAL INCOME (Read Paragraphs 2 and 4	of the EVR Instruction	ns)			
NOTE: If no income or net worth was received f spouse's income only if you receive Section 306 P		ce, write "0"or "none." DO NOT LEA	AVE ANY ITEM	S BLANK. Exception: Report your	
COLIDOR	LAST YEAR (in dollars)		THIS YEAR (in dollars)		
SOURCE	VETERAN	SPOUSE - Sec. 306 Only	VETERA	N SPOUSE - Sec. 306 Only	
GROSS WAGES FROM ALL EMPLOYMENT					
TOTAL INTEREST AND DIVIDENDS					
ALL OTHER (Show Source)					
ALL OTHER (Show Source)					
7C. DID ANY INCOME CHANGE (Increase/Decrea Social Security/VA cost-of-living adjustment. A TIME income)					
YES (If "YES," complete Items 7D, through 71	7)				
□ NO (If "NO," go to Item 7G.)	,				
7D. WHAT INCOME CHANGED? (Show what income changed; for example, wages, city pension, etc.)	(Show the da	7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed (MM/DD/YYYY))		7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)	
7G. VETERAN'S NET WORTH (Read Paragraph 5		,	_		
1 2 2	Pension. Skip to Item 9A if you receive Old Law Pensi		1		
SOURCE		VETERAN (in dollars)		/IVING SPOUSE (in dollars)	
CASH/NON-INTEREST BEARING BANK ACCOUN	15				
INTEREST BEARING BANK ACCOUNTS					
IRAs, KEOGH PLANS, ETC.					
STOCKS, BONDS, MUTUAL FUNDS, ETC.					
REAL PROPERTY (Not your home)					
ALL OTHER PROPERTY					
8. FAMILY MEDICAL EXPENSES	•				
NOTE: Skip to Item 9A if you receive Old Law If Paragraph 6 of the EVR Instructions indicates that		dical expenses, use VA Form 21P-841	6. Medical Expen	se Report, to report your medical	
expenses. 9A. SIGNATURE OF CLAIMANT, CUSTODIAN OR		•	•		
SA. SIGNATURE OF CLAIMANT, CUSTODIAN OR	GUARDIAN (Read P	uragrapn 9 oj ine EVK instructions b	ejore signing)	9B. DATE (MM/DD/YYYY)	
10. TELEPHONE NUMBER (Include Area Code)	DAYTIME		EVENING	1	

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.

VA FORM 21P-0512V-1, XXX XXXX

Page 2